

PROBLEMS OF CHILD WELFARE

BY
GEORGE B. MANGOLD, PH.D.
PROFESSOR OF SOCIOLOGY
UNIVERSITY OF SOUTHERN CALIFORNIA

Third Edition

NEW YORK
THE MACMILLAN COMPANY

THIRD EDITION COPYRIGHTED, 1936,
By THE MACMILLAN COMPANY

ALL RIGHTS RESERVED—NO PART OF THIS BOOK MAY BE
REPRODUCED IN ANY FORM WITHOUT PERMISSION IN WRITING
FROM THE PUBLISHER, EXCEPT BY A REVIEWER WHO WISHES
TO QUOTE BRIEF PASSAGES IN CONNECTION WITH A REVIEW
WRITTEN FOR INCLUSION IN MAGAZINE OR NEWSPAPER

Printed in the United States of America

Set up and electrotyped Published May, 1936 Reprinted
March, 1939, June, 1941, June, 1943; November, 1944;
March, 1945, February, 1948, January, 1950

First and second editions copyrighted and published 1914 and 1924
By The Macmillan Company

RENEWAL COPYRIGHT, 1942,
By GEORGE B. MANGOLD

PREFACE

Owing to the marvellous changes and improvements in child welfare work that have been witnessed during the last ten years, a third edition of *Problems of Child Welfare* has become necessary. Although it is recognized that practically every social problem involves children, emphasis on child welfare as a separate entity has been made so definite by the various organizations struggling for social improvement that the necessity for special consideration of the various child problems remains as a social obligation.

Methods of social work are rapidly changing and principles that at one time were generally accepted are now being questioned or discarded. No longer is child welfare a local problem. Suddenly we have grown up as a nation and must adopt the habits and the manner of maturity. Accordingly, writers as well as readers are privileged to change their minds. It is in the light of a new era that the third edition of this book has been written. If the experience of the recent past has rendered an old view obsolete, the writer has not hesitated to revise the book in accordance with the best thought of today.

The text has been entirely rewritten. Much of the subject-matter as presented in the previous edition has been reorganized, rearranged, and amplified or condensed as current needs may require. The brief treatment of child labor is offered as an example. In order to secure authoritative data the writer has drawn heavily on the reports of the U. S. Children's Bureau and those of the White House Conference on Child Health and Protection. A brief but selected bibliography is appended to each chapter and additional questions for study suggested.

The book is again designed for the use of college and university students in practical courses in the fields of social problems or constructive philanthropy. The general reader, on the

other hand, has not been forgotten and it is hoped that the book will continue to appeal to that large class of men and women who are now definitely striving to acquaint themselves with the large aspects of child welfare. The author hopes that this third edition will renew the opportunities for usefulness that *Problems of Child Welfare* has provided in the years since it was first published.

The writer also appreciates the aid given by his wife, Edith Putnam Mangold, in helping to edit the manuscript and in making many useful suggestions as to subject-matter and content.

GEORGE B. MANGOLD.

LOS ANGELES, CALIFORNIA,
March, 1936.

TABLE OF CONTENTS

	PAGE
INTRODUCTION	1
1. The Child and Heredity	1
2. The Factor of Environment	6
3. The Child Welfare Movement	9
4. Source Materials on Child Welfare	15
PART I. THE CONSERVATION OF LIFE	
CHAPTER	
I. BIRTHS AND BIRTH RATES	19
1. Historical Data	19
2 Decline in Birth Rates	20
3. Births per Family	23
4. Stillbirths	31
5 Birth Registration	31
II. CAUSES OF DECLINING BIRTH RATES	34
1. General Considerations	34
2 Sterility	35
3. Changing Marital Status	37
4. Social Disease	38
5. Family Limitation	39
a. Factors Responsible for Birth Control	39
b. Organizations and Birth Control	41
III. HISTORICAL ASPECTS OF INFANT MOR- TALITY	45
1. Introduction	45
2. The Dark Ages of Infant Mortality	46
3. Progress during the Nineteenth Century	48
4. Preventive Methods	50
5. Recent Reduction of Infant Mortality	52
6. Infant Death Rates in Foreign Countries	54
IV. SOCIAL AND INDIVIDUAL FACTORS UNDER- LYING INFANT MORTALITY	57
1. Rural vs. Urban Infant Mortality	57
2. Negro vs. White Death Rates	59

CHAPTER	PAGE
3. Age and Sex as Factors . . .	60
4. Age of Mother, Order and Frequency of Births .	61
5. Maternal Mortality . . .	62
6. Industrial Conditions . . .	64
7. Poverty . . .	66
8. Improper Care and Feeding . .	67
9. Syphilis . . .	69
10. Detailed Table of Factors Affecting the Infant Death Rate . . .	70
V. CHILDREN'S DISEASES . . .	73
1. Age Incidence of Specific Diseases . . .	73
2. Causes of Death . . .	74
a. Natal and Prenatal Causes . . .	74
b. Gastro-Intestinal Diseases . . .	76
c. Respiratory Diseases . . .	78
d. Epidemic and Communicable Diseases . . .	79
e. Diphtheria . . .	80
f. Other Epidemic Diseases . . .	82
3. General Considerations . . .	84
VI. METHODS OF PREVENTIVE WORK . . .	88
1. Maternal Nursing and Proper Feeding . . .	88
2. Prenatal, Natal, and Postnatal Care . . .	90
3. Maternity and Infancy Act . . .	94
4. Training and Control of Midwives . . .	96
5. Better Preparation for Parenthood . . .	98
a. Pre-Marital Examination . . .	98
b. Training of Youth for Parenthood . . .	99
c. Education of Adults for Parenthood . . .	101
6. Social Improvement . . .	101
PART II. HEALTH AND RECREATION	
VII. PHYSICAL HANDICAPS . . .	107
1. Standards of Physique . . .	107
2. Differences among Social Groups . . .	110
3. Defects among Children in the United States . . .	115
4. Physical Defects and Their Causes . . .	116
a. Blindness . . .	116
b. Deafness . . .	117
c. Physical Deformities . . .	118
d. Speech Defects . . .	120

TABLE OF CONTENTS

ix

CHAPTER	PAGE
<i>e.</i> Cardiac Cases	120
<i>f.</i> Tuberculosis	121
<i>g.</i> Malnutrition	123
<i>h.</i> Defects of the Teeth	124
5. General Causes of Physical Handicaps	125
VIII. THE MILK PROBLEM	129
1. Nutritive Value of Milk	129
2. Bacteriological Properties	130
3. Raw vs Pasteurized Milk	130
4. Evolution of Control	131
5. Standard Milk Ordinance	132
6. Recommendations of the White House Conference	134
7. Significant Forms of Control	135
<i>a.</i> Municipal Regulation	135
<i>b.</i> State Control	136
<i>c.</i> Federal Service	137
8. Milk Products	138
9. Modified Milk	139
IX. CHILD HEALTH SERVICE	141
1. The Health Center	142
2. Health Care of the School Child	145
<i>a.</i> Objectives of Health Care	146
<i>b.</i> Administration of Health Service	151
<i>c.</i> Nutrition Service	154
3. Health Education	158
4. Summer Camps and Outings	159
X. CARE AND TRAINING OF THE PHYSICALLY HANDICAPPED	163
1. The Blind	163
2. The Partially Blind	166
3. The Deaf	167
4. Crippled Children	169
5. Speech Defectives	171
6. Anemic and Tubercular Children	172
7. Cardiopathic Children	176
XI. PLAY AND RECREATION—PUBLIC AGENCIES	179
1. Agencies Furnishing Recreation	180
2. Values of Recreation	181
<i>a.</i> Physical Values	181

CHAPTER	PAGE
<i>b.</i> Social Values	182
<i>c.</i> Mental Values	184
3. Recent Appreciation of Play	184
4. Facilities for Recreation	185
<i>a.</i> Roof and Basement Playgrounds	186
<i>b.</i> Streets and Vacant Lots	186
<i>c.</i> Public Recreation Centers	187
5. Types of Recreation Centers	188
<i>a.</i> Playgrounds for Small Children	188
<i>b.</i> Playgrounds for Adolescents	189
<i>c.</i> Civic Centers	189
<i>d.</i> Schools as Social Centers	191
<i>e.</i> School Playgrounds	192
<i>f.</i> Parks	193
6. Progress of the Playground Movement	193
7. Supervision	196
8. Administration	197
9. Standards for Play and Recreation	200
 XII. PLAY AND RECREATION—PHILANTHROPIC AND COMMERCIAL AGENCIES	 202
1. Philanthropic Agencies	202
<i>a.</i> Agencies Serving Both Children and Adults	202
<i>b.</i> Agencies Serving Youth Only	205
2. Commercial Recreations	208
<i>a.</i> Motion Pictures	208
<i>b.</i> Dance Halls	213
<i>c.</i> Miscellaneous Recreations	214
 PART III. SPECIAL PROBLEMS OF EDUCATION	
 XIII. EXCEPTIONAL CHILDREN	 219
1. Types of Subnormality	219
2. Amount of Feeble-mindedness	220
3. Causes of Mental Deficiency	223
4. Institutional Care of the Feeble-minded	225
5. Elimination of Feeble-mindedness	227
6. Mentally Superior Children	228
 XIV. EDUCATION OF HANDICAPPED AND GIFTED CHILDREN	 232
1. Methods of Classifying Children	232
2. Care of the Idiot	234

TABLE OF CONTENTS

xi

CHAPTER	PAGE
3. Training of Imbeciles	234
4. Training of the Mentally Handicapped	237
5. Separation of Subnormal Children from Normal	239
6. Principles of Care and Training	240
7. Results	241
8. Gifted or Mentally Superior Children	242
 XV. SOCIAL ASPECTS OF EDUCATION	 245
1. Expansion of the School Curriculum	245
2. School Attendance	247
3. Illiteracy	249
4. Retarded and Under-Aged Children	251
5. Compulsory Education	252
a. Growth	252
b. Standard Requirements of a Compulsory Attendance Law	253
c. Exceptions to Compulsory Attendance	254
d. Administration of School Attendance Law	256
6. Continuation School	258
7. Rural Progress	259
 XVI. SOCIAL ASPECTS OF EDUCATION (<i>Continued</i>)	 261
1. The Visiting Teacher	261
2. The Vocational Counselor	264
3. Education for Community Life	265
4. Parent Education	268
5. The Back-to-the-School Movement	270
 XVII. SOCIAL HYGIENE	 274
1. Prevalence of Misinformation	274
2. Sex Practices	275
3. The Incidence of Venereal Disease	277
4. Objectives of Social Hygiene	279
5. Principles of Sex Education	280
6. Training in Social Hygiene	282
a. Social Hygiene Societies	282
b. The Public Schools	283
c. Churches and Religious Agencies	286
d. Parents	287
7. Results of Sex Education	288
8. Readings and References in Social Hygiene	289

PART IV. CHILD LABOR AND VOCATIONAL GUIDANCE

CHAPTER	PAGE
XVIII. CAUSES AND PREVALENCE OF CHILD LABOR	295
1. Causes of Child Labor	295
<i>a</i> Children as Economic Assets	295
<i>b</i> Poverty	296
<i>c</i> Attitude of Child	297
<i>d</i> Attitude of Employers	299
<i>e</i> Indifference of the Public	300
2. Amount and Distribution of Child Labor	301
3. Ages of Working Children	306
XIX. SOCIAL ASPECTS OF CHILD LABOR	309
1. Introduction	309
2. Economic Aspects of Child Labor	310
<i>a</i> Child Labor and Unemployment	311
<i>b</i> Children and Industrial Accidents	312
<i>c</i> Wages of Child Labor	314
3. Child Labor and Education	315
4. Moral Aspects of Child Labor	317
5. Physical Effects of Child Labor	320
6. Summary	324
XX. CHILD LABOR REFORM	326
1. Elimination of Causes	326
<i>a</i> Improvement of Educational Program	326
<i>b</i> Elimination of Poverty	327
<i>c</i> Public Condemnation of Child Labor	328
2. Child Labor Legislation	328
<i>a</i> Agencies Supporting Legislation	329
<i>b</i> Uniformity of Laws	330
<i>c</i> Federal Legislation	331
<i>d</i> Minimum Requirements	333
<i>e</i> State Legislation	335
3. Enforcement of Child Labor Laws	347
XXI. VOCATIONAL GUIDANCE AND TRAINING	350
1. The Adaptation of Education	350
2. Vocational Guidance	352
<i>a</i> Program of Vocational Guidance	352
<i>b</i> Progress of Guidance Movement	354
<i>c</i> Placement and Supervision	355

TABLE OF CONTENTS

xiii

CHAPTER	PAGE
3. Vocational Education	356
<i>a.</i> Development of Vocational Education	357
<i>b.</i> Federal Aid	358
<i>c.</i> Organization of Vocational Education	359
<i>d.</i> Demand for Vocational Education	362

PART V. JUVENILE DELINQUENCY

XXII. CAUSES AND NATURE OF JUVENILE DELINQUENCY 367

1 Evolution of the Juvenile Delinquent	367
2 Conditions Underlying Juvenile Delinquency	369
<i>a</i> Physical and Social Age	369
<i>b</i> Changing Social Conditions	370
<i>c.</i> Parental Inadequacy	371
<i>d.</i> Broken Homes	375
<i>e</i> Delinquency Areas	378
<i>f.</i> Physical and Mental Handicaps	379
<i>g.</i> Unsatisfactory School Life	380
<i>h.</i> Child Labor	381
3. Extent of Juvenile Delinquency	382
4 Offenses of Delinquents	383

XXIII THE JUVENILE COURT 387

1. The Juvenile Court Movement	387
2 Courts Given Jurisdiction over Juvenile Cases	388
3 Age Limitations	389
4 Functions of Court	390
5. Selection and Qualifications of Judges	391
6. Court Procedure	393
7. Disposition of Child	395
8. Use of Evidence	396
9 Trial of Adults	397
10. The Juvenile Court in Other Countries	398

XXIV. THE PROBATION SYSTEM 402

1. Development of Probation System	402
2. Meaning of Probation	402
3. Organization of Probation System	403
4. Qualifications of Probation Officers	404
5. Functions of Probation Officers	407
6. Length of Probation	409

CHAPTER	PAGE
7. Results of Probation	410
8. Probation in Rural Communities	412
9. Probation and Foster Care	413
10. State Control and Supervision	414
XXV. DETENTION HOMES AND TRAINING SCHOOLS	417
1. Detention Homes	417
2. Training Schools for Delinquents	419
<i>a</i> Types Eligible for Institutional Care	419
<i>b</i> Evolution of Institutional Care	420
3. Private Institutions for Problem Children	422
4. Principles of Institutional Care and Treatment	423
<i>a</i> . Separation of the Sexes	423
<i>b</i> . The Cottage System	424
<i>c</i> . Physical Care	425
<i>d</i> . Mental and Psychiatric Problems	425
<i>e</i> . Discipline	426
<i>f</i> . Education and Training	428
<i>g</i> . Religious Instruction	430
<i>h</i> . Special Activities	430
5. Population of Institutions	431
XXVI MEASURES OF CHILD PROTECTION	433
1. Contributory Delinquency Laws	433
2. Age of Consent	434
3. Disciplinary Work of the Schools	436
<i>a</i> . Special Schools or Classes	436
<i>b</i> . The Twenty-Four-Hour Schools	437
4. Child Guidance Clinics	438
5. Coördinating Councils	440
6. Suppression of Anti-Social Recreations and Salacious Literature	442
7. Adjustments by Visiting Teachers	443
8. Protective Agencies	443
PART VI. DEPENDENCY AND NEGLECT	
XXVII. DEPENDENCY AND NEGLECT	449
1. Definitions	449
2. Classification of Dependent Children	449
3. Factors Involved in the Background of Dependency and Neglect	450

TABLE OF CONTENTS

xv

CHAPTER	PAGE
a. Parental Conditions	450
b. Accident and Disease	452
c. Unfavorable Industrial Conditions	453
d. Intemperance	455
e. Sex Irregularities	455
f. Parental Inadequacy	456
4. Number of Dependent and Neglected Children	457
a. Number of Children Receiving Aid	457
b. Number of Children Born Out of Wedlock	459
 XXVIII. PROBLEMS AND PRINCIPLES OF CHILD SAVING	 463
1. General Principles of Child Care	463
a. Principles Asserted at the White House Con- ference of 1909	463
b. Importance of the Home	464
c. Removal of Child from Home or Parent	465
d. The Foster Home	466
e. Adoption	471
f. Boarding Homes	472
g. The Day Nursery	472
h. Receiving Homes	473
i. Institutions for the Care of Children	474
j. State Supervision of Child Welfare Work	476
2. State and Federal Participation in Child-Caring Program	478
 XXIX. SPECIAL PROBLEMS OF CHILD CARE	 481
1. Desertion and Non-Support	481
2. The Child Born Out of Wedlock	484
a. General Considerations	484
b. The Norwegian Law	485
c. American Legislation	486
d. Social Service Treatment	488
e. Preventive Work	490
3. Neglected Children	490
a. Typical Cases of Neglect	491
b. Social Treatment of Neglected Children	491
c. Organization for the Prevention of Cruelty to Children	492
d. Juvenile Courts	494
e. Prevention	495

CHAPTER	PAGE
XXX. ORGANIZATION OF CHILD CARE . . .	497
1. Evolution of Child Care	497
2. Private Child-Caring Agencies	498
<i>a.</i> Children's Aid Societies	498
<i>b.</i> Children's Home Societies	499
<i>c.</i> Denominational Child-Placing Work	500
<i>d.</i> Children's Institutions	500
<i>e.</i> Cooperation among Private Child-Caring Agencies	502
3. Public Child-Caring Agencies	504
<i>a.</i> State Institutions or "Schools"	504
<i>b.</i> County or Municipal Institutions	506
<i>c.</i> Systems of Child Placing	506
<i>d.</i> County Boards of Welfare	510
<i>e.</i> Public Aid to Needy Mothers	510
CONCLUSION	518
INDEX OF SPECIAL REFERENCES	525
GENERAL INDEX	529

PROBLEMS OF CHILD WELFARE

PROBLEMS OF CHILD WELFARE

INTRODUCTION

In the modern program of social improvement emphasis has been shifted from family to child welfare. This change is due largely to belief in the principle that "an ounce of prevention is worth a pound of cure." Modern social work is not satisfied with relief measures but demands fundamental reforms. It is well then to begin with the child, since he presages the coming man. He is plastic material that can be molded well or ill; he is gigantic in possibilities but dwarfed in development if without opportunities. We now realize that the more time and energy spent on the child, the more lasting and profitable the investment. To train and to educate the child are tasks worth infinitely more than to spend an equal amount of energy on the adult with his established habits, behavior patterns, and moral outlook.

Child welfare implies adequate physical, mental, and moral development. Otherwise men will not become capable of coping successfully with the varied problems of daily life. Childhood is the time of preparation; afterwards but little can be accomplished.

1. The Child and Heredity.

At once the twin forces of heredity and environment confront society and complicate the problems which are to be solved. Of the two, heredity has probably been the subject of the more serious study. Biologists and psychologists are continually adding to our knowledge of the power and influence of heredity, and of its power to benefit or injure the race. The term heredity has no uniform use in popular language. It will, therefore, for

the sake of clearness, in this book be limited in meaning to the transmission by the parent to the offspring of those physical and mental characteristics which are potentially present in the germ-plasm of the parent. These characteristics in turn may be normally inherited or may be damaged by toxins that injure the germ-plasm. Usually they are present at birth; often, however, they do not appear until later in life, for example, many cases of insanity appearing in middle life are truly inherited. On the other hand, certain defects present at birth are not necessarily innate. Instead of being inherited, they are due to peculiar prenatal conditions of the mother. These defects are classified as "acquired," and the offspring will not bequeath them to subsequent progeny.

Certain facts have been so definitely established by students of heredity that the sociologist can use them as corner-stones on which to build a system of preventive work. In many cases the child is doomed before birth, and no later training can prepare him for a normal social life. Thus defective heredity is responsible for a large proportion of the children who are condemned to such lifelong abnormalities as idiocy, imbecility, backwardness, deaf-mutism, criminality, and certain forms of constitutional disease. As a result, these defects may be expected to reappear in the offspring of each subsequent generation. It is furthermore an unfortunate fact that some of the defective groups, particularly the feebleminded, are much more prolific than the normal classes. A higher death rate tends to modify this disproportionate increase in numbers; nevertheless there is serious danger of a gradual dilution of the quality of the race unless effective preventive measures are adopted.

Within the last generation the application of the principles of heredity for the purpose of raising the physical and mental standards of the race has been much discussed, and a plan of practical eugenics is being gradually formulated. Strictly speaking, eugenics is the art of improving the race by selecting for survival the superior qualities inherent in men and rejecting those which are inferior. It means race development, and is

concerned with improvements of a permanent nature. So-called practical eugenics is often made to apply wrongly to methods of promoting individual strength and capacity. The eugenicist is correct in emphasizing the principle that every child be well born, that he be innately endowed with the capacity for development into a normal adult. The difficulty, however, lies in the carrying out of a program of attainment. For this reason two phases of the subject have been developed: "negative" and "positive" eugenics.

Negative eugenics proposes to eliminate the unfit classes. A variety of measures is necessary to bring about this result. The segregation of idiots, imbeciles, certain types of criminals, and of other groups will prove helpful. To make the plan successful, however, requires the permanent custodial care of these types. It appears, on the other hand, that a large proportion of the defective classes are released from the institutions and allowed to live in their home communities. Furthermore it will not be possible to build a sufficient number of institutions to house the majority of these groups. Accordingly, sterilization as a method of negative eugenics has achieved a growing degree of popularity. Twenty-eight states have passed sterilization laws and more than 16,000 individuals have been sterilized under the operation of these laws. So far, however, only a few states have taken the laws seriously, California alone being responsible for one-half of the entire number of sterilizations.

The more serious aspects of the problem relate to the handling of the morons and of the higher grades of feeble-minded. Many of these are capable of partial self-support and will not be considered subjects for permanent institutional care. Nor will it be possible to prevent all of these from marrying. Laws prohibiting marriage have but little value unless there is practical machinery of enforcement. A better plan probably will be to permit marriage provided the individual has previously been sterilized. As the sentiment in favor of sterilization grows, suitable amendments to our laws can be made and the eugenic

interest protected without the complete prohibition of those associations that seem vital to our social progress

Laws prohibiting intermarriage between first cousins and other near relatives may be considered a form of negative eugenics. The large proportion of defectiveness among Jews, Mennonites, and other consanguineous groups shows how important such prohibitions are. The consanguineous marriages *per se* are not blameworthy, and it may safely be said that if the intermarrying stocks are vigorous, no harm will result. There are probably no perfect families, however, and strains of weakness are present in all. If two persons affected with the same weakness, as is likely in the case of relatives, marry each other, this weakness will probably be intensified in their children. At present about one-half of the states prohibit the intermarriage of first cousins, but much additional legislation in this direction is unlikely. The wider acquaintances made possible today by our excellent means of communication lessen the inclination of an individual to marry his first cousin. The automobile has become an important eugenic device.

In certain states health certificates are now required of individuals about to marry. Usually there must be freedom from venereal disease but in several states other diseases have also been included in the proscribed list. Wisconsin has stood out for many years as the leader in this type of legislation and in the enforcement of its law. In some states, although the law is on the statute books, enforcement either is impossible or is neglected. The purpose of such legislation, of course, is to prevent the birth of unhealthy children and to prevent the communication of a disease from one spouse to another.

Turning to the field of positive eugenics, we find that this has been cultivated but sparsely. The elementary principles have not even been established. The first step to be taken is the creation of a standard of superiority or perfection. This has not been done, nor can it be done with our present limitations of knowledge. We do not know how much bulk and how many parts each organ of the body must contribute to the

whole to form the man, perfect in body, in mind, and in soul. When standards are established, how will they be applied? How can people be persuaded to apply them? Until we know more about the effect of the endocrine system, particular foods, sunlight, and other modifying conditions on the growth and development of the child, we do not know where environment stops and heredity begins to determine standards of physical form and quality.

Suppose the eugenicist has worked out the proper correlation between physical organ and mental quality; suppose the innate tendencies of parents are known and we can predicate absolutely the characteristics of their children; then the most difficult problem of all remains—that of mating individuals properly adapted to each other. Today marriages depend on love, financial condition, the coercion of custom, and other factors. Is it possible for the course of love to be deflected by eugenic considerations? Will the intermarriage of fortunes be prevented for similar reasons? It is true that occasional cases of foresight and self-restraint occur from time to time, but for the masses the near future holds no such hope in prospect. Education for decades, and perhaps for centuries, is necessary to make even a beginning in the art of positive eugenics.

Francis Galton and his followers were the practical originators of the eugenic idea. These men held to the Neo-Darwinian theory of heredity and opposed the theory that acquired characteristics are inherited. Eugenic philosophy, therefore, adheres largely to the views of its founders. Race progress by selection is the dominant note. The Mendelian law also threatens to complicate the problem, and its application to the human race will be exceedingly difficult. Often the effects would not be apparent until the third generation, when, of course, it is too late. Positive eugenics cannot make much substantial progress until it considers the mental and moral qualities of men as well as the physical; but this step will at once involve the problem and will make it difficult to realize the aims of the eugenic philosophy.

2. The Factor of Environment.

The term environment covers a multitude of influences. Some of these act before birth, but the majority are postnatal in character. These influences affect both body and mind, and thus help to determine physique and mentality. In many respects environment is the dominating factor of human development, and this applies especially to the period of childhood. The physiology of children proves them to be extremely plastic in body, and psychology has rendered a similar verdict in respect to their mental qualities. Men are not grown-up children, as the philosopher has said; they have been developed and transformed. A man having the same proportions as a child would be a monstrosity. The water constituency of a foetus is 97 per cent, of a child, 74; of a man, only 58. Truly age withers the human being. The infant has a large head, and the child at five has a head which has nearly reached its maximum growth, but his legs are short and his arms lack the proportions that exist in the adult. So with the internal organs; at birth the weight of the human brain is almost exactly one-seventh of that of the entire body, while in adult life it is about 2.4 per cent. Proportionately the former is six times as heavy as the latter, but the brain of the child is largely water, the gray and the white matter are not clearly distinguishable, and the convolutions are not marked. The babe is absolutely helpless. Most mammals have more initial capacity for self-support than he, but the brain and nervous system of the child, with its splendid possibilities, offers a remarkable field for the operation of environmental forces.

The blood constituency of the child is peculiar, for there is a large disproportion of white corpuscles and a singular absence of red ones. Strength and vitality come with a shifting of these proportions. Again, the child has much muscular tissue, but undeveloped and weak tendons. His heart is comparatively large, and so in general are the other internal organs. So different is the child from the man that the right food, proper

exercise, and correct training given throughout the period of flexibility should be capable of wonderful results.

Prenatal conditions must be studied and their effects noted. Then proper attention must be demanded for the prospective mother during the period of gestation. Formerly it was generally believed that a special mental bent or potential proficiency in some art could be deliberately imparted by the foresighted mother. This belief, however, has become antiquated and lacks scientific support, but a new question has recently arisen. What influence has the physical condition of the expectant mother on the physique of her child? Investigation shows this influence to be considerable, and that the child may suffer constitutionally if subjected to abnormal conditions during his prenatal life. Nature has done her utmost to protect the child, and sacrifices the mother thereby, but complete protection is not afforded. Since the foetus receives its nourishment through absorption of food, toxins affecting the mother are passed on. If insufficiently nourished, it is surely retarded in development, and sometimes defects of a permanent character are produced.

Since the nutritive process is so important, it must be carefully controlled. Any interruption in the continuous absorption of the food elements may halt the regular development of the child. Therefore it must not be allowed to suffer from malnutrition. Many causes, however, operate to produce injurious results. Perhaps the mother is overworked and has no surplus energy to impart to the child. Worry interferes with digestion and may injure the child. Fright has no direct effect, but the shock to the nervous system means interference with the nutritive system and a possible interruption in the free development of the foetus. Finally the mother may herself suffer from malnutrition. At all events, the injury is accomplished chiefly through the interrupted development caused by interferences with the nutritive processes. Peculiar defects frequently result and therefore nutrition becomes a matter of tremendous importance. The early postnatal life of the child must be guarded in a similar manner.

John Fiske first saw that the helplessness of the new-born babe coupled with the prolongation of his period of childhood furnished untold possibilities of development. The relative importance of instinct and the remarkable plasticity of the child allow the marvelous development of reason that man has enjoyed. A long childhood makes room for the play of environmental forces, and this influence is stronger in proportion to the initial helplessness of the child. The more the native flexibility, the greater is the capacity for training and for nurture. The impressionable child easily yields to the influence of contact with the remaining members of the family. In early life certain characteristics and psychical traits become relatively fixed, owing to constant association with special mental types. That part of the child's psychical nature which is clearly and absolutely individual and his own is relatively small. The greater portion of his characteristic mental endowment is gained from the interaction of his own small mental nucleus with the minds of his parents and other members of the family. It is well known how ardently adults cling to the beliefs and traditions acquired during childhood. Social heredity within the family—that is, the transmission of ancestral ideas, traditions, prejudices, and knowledge—is a powerful factor in the life of every normal individual. "Like father, like son" is often largely the result of this kind of communication and influence. The general tendency of children to follow the religious and political beliefs of their parents illustrates the power of social heredity, but social heredity is only a form of environment. The fixation of mental and moral traits in the human being should be a paramount consideration in the training and development of the child during the entire adolescent period of his life. Right training from the earliest self-conscious moments of life is therefore a matter of great sociological importance.

Most important among the conditions of environment are the home surroundings of the child. His home environment continues comparatively unchanged for a longer period of time than do external conditions. Home life and adequate home

training are therefore vital in the development of the child. Unless prevented, the child, particularly the boy, soon becomes subject to influences emanating from without the home, and these in turn tend to mold his character as well as to affect his physical well-being. His associates, the manner of his life, the sanitary conditions of school, street, alley, or workshop—all of these considerations directly affect both his physique and his character. Attention to the environment of the child both within and without the home is accordingly the *sine qua non* of the solution of our child problems.

In the study of the influence of environment, the opinion of the expert sociologist should carry weight, and his investigations are establishing certain conclusions upon which definite rules of action can now be based. The knowledge that a bad environment is responsible for the seriousness of many of our child problems paves the way for an easier and more effective treatment of the subject than could be given if bad heredity were the root of the difficulties. Much has already been accomplished by carrying into effect the suggestions of sociologists holding this point of view.

3. The Child Welfare Movement.

Special interest in child welfare has a comparatively recent origin. Hospitals and orphanages cared for children, but illiteracy and child labor continued almost unabated until the middle of the last century. Then child-placing societies were formed; child labor laws began to take form; compulsory education was introduced, and interest in the protection of neglected children developed. The National Conference of Charities and Corrections in its earlier programs restricted its discussion of child welfare almost exclusively to the dependent child. Gradually other types of children received consideration, and the Committee on Children in 1906 declared that no hard-and-fast line separated delinquent, dependent, and defective children from each other. A limited code of child welfare standards was also presented by the Committee. Meanwhile the first

juvenile court law had been enacted and throughout the country new interest developed in the problem of juvenile delinquency. Probation systems arose, financed first by private agencies, but finally paid for out of public monies.

The first White House Conference called together by President Theodore Roosevelt met in 1909 and adopted an interesting set of principles. A limited perspective was still evident among the social workers who congregated to examine the problems of child welfare, since the principles laid down dealt almost exclusively with the dependent child. However, a demand was made for the establishment of a federal children's bureau, which would be concerned with every phase of child welfare.

An event of tremendous significance was the enactment of a mothers' pension law in 1911. Another child welfare problem was added to the growing list of children's needs, and another responsibility was accepted by the public. Probably the most helpful agent for the promotion of child welfare is the Children's Bureau which began to operate in 1912. Its original functions were to investigate problems of child life and to publish the results. Among the subjects to be covered were infant mortality, maternity care, child labor, dangerous trades, physical defects of children, malnutrition, mental defectiveness, child neglect, illegitimacy, and similar problems. It began under favorable auspices with a broadminded progressive woman—Miss Julia Lathrop—as its first director. The subjects of infant mortality and maternity received serious consideration during the first few years of the Bureau's work, and so many pathological conditions were unearthed that the federal maternity and infancy law was finally passed as an answer to the challenge presented by these facts.

Meanwhile the growing interest in the child gave to the term "child welfare" a magic not heretofore possessed. Social workers had striven to enact legislation affecting children by piecemeal methods. Suddenly forward-looking men and women conceived the idea of presenting the needed legislation in com-

pact coordinated form To this array of bills was given the term "children's code," although the term "children's charter" would have been more applicable.

The first state to take action along these lines was Ohio, which in 1911 appointed a Children's Code Commission to unify the laws pertaining to illegitimate, defective, neglected, dependent, and delinquent children and to suggest such amendments as would bring the laws of the state in harmony with the best thought on the subject. The work of the Commission was rewarded in 1913 when the Ohio legislature passed the suggested bills with but little change. This method of dealing with the problem obtained in a few years an aggregate of results that could not have been secured in many years had the old way of improving child welfare laws been continued.

Conspicuous success was attained in Minnesota where a commission was appointed in 1916. Here child welfare was considered under the following heads:

- Defective children, including related matter such as protection against transmissible disease and the regulation of marriage

- Dependent and neglected children

- Delinquent children, including contributory delinquency

- General child welfare, including vital statistics, school attendance, child labor, etc

The Commission recommended the enactment of 43 separate measures. The bills were referred to a joint committee composed of representatives of the house and of the senate. A few bills were withdrawn because of opposition that had developed, but practically all of the remainder—thirty-five—were enacted into law in 1917, thereby giving Minnesota an excellent set of correlated, consistent, and progressive child welfare laws. The work of Ohio and Minnesota set standards for other states many of which established similar commissions and greatly improved their child welfare laws. The Children's Bureau has given valuable aid to these code commissions by means of a classification of child welfare legislation which it prepared and

which could be followed by any state in the analysis of its own laws.

Ten years after the first White House Conference, the Children's Bureau arranged for the Washington Conference on Child Welfare. The conference was held at the conclusion of the Children's Year Program conducted during the second year of the participation of the United States in the World War. President Wilson in approving the program wrote: "I trust that the work may so successfully develop as to set up certain irreducible minimum standards for the health, education, and work of the American child." The conference held in May and June, 1919, adopted a set of standards under such headings as the following:

- Minimum standards for children entering employment

- Administration of child labor laws

- Minimum standards for the public protection of the health of children and mothers

- Maternity

- Infants and pre-school children

- School children

- Adolescent children

- Minimum standards for the protection of children in need of special care

- Home care

- Adequate income

- Incorporation, licensing, and supervision

- Principles governing child placing

- Care of children of illegitimate birth

- Recreation

- Juvenile court

- Mental hygiene and care of mentally defective children

- Child welfare legislation.

These standards scattered far and wide by the Children's Bureau served to stimulate further effort in the field of child welfare. However the crystallization of thought on the subject was still incomplete and in 1930 President Hoover called the

White House Conference on Child Health and Protection. This Conference was well organized into appropriate committees, each of which presented a report with suitable recommendations. In addition the conference prepared a careful statement covering the rights of the child and issued this document under the title of "The Children's Charter." This most noteworthy set of standards reads as follows:

President Hoover's White House Conference on Child Health and Protection, recognizing the rights of the child as the first rights of citizenship, pledges itself to these aims for the children of America.

I. For every child, spiritual and moral training to help him to stand firm under the pressure of life.

II For every child, understanding and the guarding of his personality as his most precious right.

III. For every child, a home and that love and security which a home provides; and for that child who must receive foster care, the nearest substitute for his own home.

IV For every child, full preparation for his birth, his mother receiving prenatal, natal, and postnatal care, and the establishment of such protective measures as will make child-bearing safer.

V For every child, health protection from birth through adolescence, including periodical health examinations and, where needed, care of specialists and hospital treatment, regular dental examination and care of the teeth, protective and preventive measures against communicable diseases; the issuing of pure food, pure milk, and pure water.

VI. For every child from birth through adolescence, promotion of health, including health instruction and a health program, wholesome physical and mental recreation, with teachers and leaders adequately trained.

VII. For every child a dwelling place, safe, sanitary, and wholesome, with reasonable provisions for privacy, free from conditions which tend to thwart his development; and a home environment harmonious and enriching.

VIII For every child a school which is safe from hazards, sanitary, properly equipped, lighted, and ventilated. For younger children nursery schools and kindergartens to supplement home care

IX. For every child a community which recognizes and plans for his needs; protects him against physical dangers, moral hazards, and

disease, provides him with safe and wholesome places for play and recreation, and makes provision for his cultural and social needs.

X For every child an education which, through the discovery and development of his individual abilities, prepares him for life, and through training and vocational guidance prepares him for a living which will yield him the maximum of satisfaction.

XI For every child such teaching and training as will prepare him for successful parenthood, homemaking, and the rights of citizenship; and, for parents, supplementary training to fit them to deal wisely with the problem of parenthood.

XII For every child education for safety and protection against accidents to which modern conditions subject him—those to which he is directly exposed, and those which, through loss or maiming of his parents, affect him indirectly.

XIII For every child who is blind, deaf, crippled, or otherwise physically handicapped, and for the child who is mentally handicapped, such measures as will early discover and diagnose his handicap, provide care and treatment, and so train him that he may become an asset to society rather than a liability. Expenses of these services should be borne publicly where they cannot be privately met.

XIV. For every child who is in conflict with society, the right to be dealt with intelligently as society's charge, not society's outcast; with the home, the school, the church, the court, and the institution when needed, shaped to return him whenever possible to the normal stream of life.

XV For every child, the right to grow up in a family with an adequate standard of living and the security of a stable income as the surest safeguard against social handicaps.

XVI. For every child, protection against labor that stunts growth, either physical or mental, that limits education, that deprives children of the right of comradeship, of play, and of joy.

XVII. For every rural child, as satisfactory schooling and health services as for the city child, and an extension to rural families of social, recreational, and cultural facilities.

XVIII To supplement the home and the school in the training of youth, and to return to them those interests of which modern life tends to cheat children, every stimulation and encouragement should be given to the extension and development of the voluntary youth organizations

XIX To make everywhere available these minimum protections of the health and welfare of children, there should be a district, county,

or community organization for health, education, and welfare, with full-time officials, coordinating with a state-wide program which will be responsible to a nation-wide service of general information, statistics and scientific research. This should include (a) Trained full-time public health officials, with public health nurses, sanitary inspection, and laboratory workers. (b) Available hospital beds. (c) Full-time public welfare service for the relief, aid, and guidance of children in special need due to poverty, misfortune, or behavior difficulties, and for the protection of children from abuse, neglect, exploitation, or moral hazard.

For every child these rights, regardless of race, or
color, or situation, wherever he may live
under the protection of the
American Flag.

A perusal of the principles written into this charter indicates that the field of child welfare has been so expanded that no child problem is omitted. In the thought of the leaders in children's work, child welfare embraces every aspect of child life. The conference of 1930 brought the child welfare movement to a climax, and through the educational service which it has been rendering the content of the "Children's Charter" is receiving wide publicity. As a consequence we may expect renewed effort to carry out an effective child welfare program.

4. Source Materials on Child Welfare.

A vast body of source materials relating to child welfare has been gathered in recent years. The United States Children's Bureau has been the leader in securing the needed information. Its publications, numbering more than 250, now furnish the most important original material on child welfare.

The United States Bureau of the Census, in addition to its decennial census material, publishes annually the mortality and birth statistics of the various states and gathers information relating to various handicapped groups, such as the deaf, the blind, the feeble-minded, and the epileptic. The Federal Office of Education works in a more limited field but it too has collected valuable material on many aspects of child welfare.

The United States Public Health Service has studied infant mortality, children's diseases, the physical and mental conditions of selected groups of children, the prevalence and methods of sex education, and other problems relating to child welfare. In the Department of Agriculture, the Bureau of Home Economics has likewise contributed to a better understanding of the needs of children and has published some material relating to their welfare.

The White House Conference through its many committees and individual members made some original contributions to problems of child welfare and in addition put into usable shape much material that had already been gathered. As a consequence the various volumes which it has published, the most important of which are listed in the special bibliography, contain subject-matter of inestimable value.

Among private organizations, the National Child Labor Committee has performed a unique service in obtaining original facts dealing with child labor, compulsory school attendance, and the relation of child labor to juvenile delinquency. The Russell Sage Foundation through its Department of Research has likewise contributed many useful studies in various fields of child welfare. Various specialized national organizations have also gathered original information, each in its respective field, but their contributions are usually of so special a nature that reference to their publications can be made only under the appropriate chapter headings.

PART I
THE CONSERVATION OF LIFE

CHAPTER I

BIRTHS AND BIRTH RATES

In discussing the vital problems of child life it is necessary to begin with the subjects—births and birth rates. In the past, infant mortality has been definitely related to birth rates, and even now an inter-relation exists, for although high or low birth rates do not necessarily imply high or low death rates, they definitely limit our infant mortality.

1. Historical Data.

To what extent high birth rates dominated primitive life, it would be most interesting to know. We have no information as to the fecundity of the white race in primitive times. We do know, however, that this race was once far inferior numerically to the Mongolian race and that in recent centuries it has rapidly gained ground. Vital statistics, which belong almost entirely to modern history, throw light on recent movements of population. The investigations of anthropologists also indicate that among many primitive peoples the birth rates are lower than the ones that prevailed in historic times among the barbarian and semi-civilized communities of Europe and Asia. In fact, whether consciously or not, certain methods of limiting the number of births were frequently practiced. Of these, the habit of nursing babies for exorbitant periods of time was probably the most important. There is evidence, however, that other preventive methods were also used.

Excessive birth rates have been particularly characteristic of recent centuries. The dense hives of people in India, China, Java, and other countries attest to this fact. The rapid increase of the European population during the eighteenth century is additional evidence. Even then the growth of population was

retarded by the enormous infant death rate that prevailed. Disease and famine, furthermore, ravaged every country from time to time and produced untold misery and decimation of the population. During the Middle Ages the population of Europe remained practically stationary, because the enormous death rate counteracted the multitude of births. The age of marriage was low and few girls remained single after the twenty-first year of life. The advent of the industrial revolution retarded a movement toward later marriages, which would otherwise have gained considerable headway. The drain on mothers was tremendous and, owing to the meager medical knowledge concerning the proper care of women in confinement, a large number of mothers died prematurely. As a consequence many men married twice or oftener. With the decline of the infant death rate, huge families were common and population began to increase with great rapidity. After 1700, and particularly after 1750, a significant increase in population occurred.

2. Decline in Birth Rates.

The decline in European birth rates is apparently associated with the birth control movement. The work of Francis Place and the writings of Owen and of Knowlton gave impetus to the movement. France was the first country to accept the new teachings, its birth rate beginning to drop after 1831. In England the efforts of Annie Besant and of Charles Bradlaugh to spread birth control literature brought about a notable court trial in 1878. The attempt to convict failed and the publicity attending the trial resulted in the popularization of contraceptive methods with the inevitable result that English birth rates began to decline after this date. Similar propaganda reached Holland where in 1878 the first birth control clinic in the world was established.

Other factors have entered into the problem of birth rates and throughout most of Europe gradual changes in annual birth rates have occurred. In the following table are given the com-

parative rates covering a series of years for ten typical European and Oriental nations:

CRUDE BIRTH RATE PER 1,000 OF POPULATION IN VARIOUS COUNTRIES

COUNTRY	1891-1900	1915	1931
Australia . .		27 1	18 2
British India		37 8	37.9
Egypt		43 4	44 6
France	22 1		17 4
Germany	36 1	20 4	16 0
Italy	34 9	30 5	24.9
Japan		33 1	32.2
England	30 0	21 8	15 8
Chile		38 6	34 6
Sweden	27 1	21 6	14 8

In most of the countries for which historical data are presented, a marked decline in birth rates has occurred. The figures for the first period indicate the prevalence of the large family, while the latest statistics, except for Oriental countries, yield rates lower than those of the earlier years. Almost everywhere birth rates seem to be declining. However, the decline in north and west Europe has been more rapid than that in other parts of Europe and Asia. In spite of an energetic campaign to increase the Italian birth rate, the rulers of Italy have not succeeded. On the other hand, unofficial figures for Germany indicate that the 1934 birth rate was much higher than the rate for the preceding year. This increase is credited to the unceasing agitation of the Hitler regime for larger families.

The decline in birth rates is much more marked in the cities than in the rural districts. Usually the metropolitan cities present rates much lower than the average for the countries in which they are situated. Some of these must in the future depend for additional growth on migration from the rural districts and the small towns.

It appears that birth rates among the strictly Caucasian groups have declined more rapidly than those among the people of Asia. In British India there are nearly 9,000,000 births per

year. In diminutive Korea the births number more than one-third the figure for the United States, and Japan with approximately one-half the population of this country actually exceeded the latter in 1931 in the number of births. In the same year marriages in Japan numbered 491,579, and in this country, 1,060,554. Except for the higher death rates, these countries would gain rapidly at the expense of America and western Europe. The introduction of medical knowledge and sanitary science will ere long give these nations a population much larger than that of the Caucasian world.

A few American states have collected vital statistics for many years but the majority gave the subject little attention until recently. Accordingly we have no series of statistics that reveal the precise changes in birth rate that have occurred. However, some estimates have been made and the census returns yield a number of interesting comparisons. For example, in 1800 there were twenty-eight births for every 100 women of child-bearing age, but in 1930 the number had dropped to nine.¹ Figures such as these indicate that the present birth rate is practically one-third as high as the birth rate of a century ago.

Gradually the birth registration area, originally comprising eight states, has been enlarged and in 1933 it finally included the entire continental United States. In that year the number of births recorded was 2,064,944. In the table on page 23 birth rates are given for the entire United States and for the individual states with the highest and the lowest birth rates

According to these figures the urban birth rate now exceeds the rural, although formerly the opposite was the case. Additional facts as presented in the official reports show that the births in the cities outnumber rural births by approximately 200,000. The trends as shown in the following table clearly indicate that in a comparatively short time our birth rates will have fallen to the level of our death rates and a stationary population may then be expected. In New Mexico where there is a large Mexican population, and in the Southern states, the

¹ Davis Watson (editor), *Advance of Science*, pp 362-363.

BIRTH RATES PER 1,000 POPULATION

AREA	1933	1932	1931	1921
Birth registration area *	16 4	17 3	18 0	24 3
Rural areas . . .		16 5	17 5	24 7
Urban areas . . .		18 3	18.5	24 0
New Mexico . . .	26 7	28 0	28 8	
North Carolina . .	22 9	23 7	23 3	33 8
Utah . . .	22 9	23 3		31 6
California . . .	12 4	13 1	13 9	20 2
Oregon . . .	12 2	13 1	13 7	

* This area is not uniform for the various years and the figures therefore are not entirely comparable. The error, however, is comparatively slight.

highest birth rates are to be found. In the South the native white population still maintains a higher degree of fecundity than is found among similar groups in the North. The Negro also records a rate somewhat above that of the white, but since his death rate is higher the net gain is not much larger. The high birth rate in Utah still registers the influence of Mormonism. On the other hand, the Pacific States stand at the bottom, but this fact is partly due to the large number of middle-aged people that live in these states.

3. Births per Family.

The actual number of births per family throws light on the fecundity of a population, but it does not measure the reproductive power of a group because of the practice of family limitation that may exist. The first general American study dealing with this problem was made in 1909 by the United States Immigration Commission. The study was based on the census of 1900 and the area covered included all of Rhode Island, the cities of Cleveland and Minneapolis, and parts of rural Ohio and Minnesota. The Commission tabulated for this area the number of births per family among women under forty-five years of age who had been married from ten to nineteen years inclusive. The chief purpose was to discover the size of immigrant families and the difference between their size and that

of native Americans. Although the number of cases studied was small compared with the total in the country, there is little doubt that it was fairly representative and that it gives a picture of the differences among the various groups considered.

According to the report of the Commission, the average number of births per family for all classes was 4.1. The number among whites of native extraction was only 2.7, but that among the whites of foreign parentage was 4.4. The latter group was divided into two classes—whites of foreign birth, and native whites whose parents were born abroad. The average number of births among the first group was 4.7; among the second, 3.9. These figures indicate a difference of two births per family between the native stock and the immigrant. Accordingly we may assume that since 1900 the so-called foreign element has gained rapidly at the expense of the native group. However, the figures for the second generation, or children of the foreign-born, indicate that the American atmosphere soon registers its effects in the tendency to limit the number of offspring.

Significant also were the differences among the various immigrant groups. Poles of the first generation averaged 6.2 births per family, with the amazing regularity of a birth every 2.3 years—a rate two and one-half times as high as that which characterized the American women. The French Canadians stood second and the Russians third. With the average number of births so high, one can easily understand why many families of exorbitant size are found among these groups.

The rural districts studied yielded much interesting and valuable information. The women in these districts averaged 3.4 births per person—exactly one birth more than the average for their sisters in the urban communities. Strangely enough, the fecundity in the two rural communities was measured by the same figure, and that in the cities was also alike. Apparently the native women in the cities, although widely separated from each other, have developed similar habits and customs, while in the rural communities little if any birth control

was practiced. In 1900 the relative situation between city and rural conditions was quite different from that revealed by the recent census figures. The rural population not only maintained itself but produced a considerable surplus, much of which gravitated to the cities as machinery displaced human labor power.

Among the foreign-born, little difference was observed between the rural and the urban birth rates. In fact, both the Poles and the French Canadians living in rural communities contributed rates higher than those for the same groups in the cities. Among them large families continued to prevail in city and country alike.

Some light is thrown on the size of the family by the statistics regularly gathered by the United States Bureau of the Census. The most recent figures obtainable are for the year 1932. The following table is based on the statistics for that year: ¹

AVERAGE NUMBER OF CHILDREN EVER BORN TO WOMEN WHO BORE
CHILDREN IN 1932

RACE AND NATIONALITY	AGE OF MOTHERS								
	All Ages	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50
All classes	3.1	1.3	1.9	2.9	4.2	5.8	7.4	8.9	7.4
White, native- born	3.0	1.2	1.9	2.8	4.0	5.5	7.2	8.8	7.1
White, foreign- born	3.6	1.2	1.7	2.5	3.7	5.6	7.5	9.0	8.5
English	2.7	1.2	1.6	2.1	2.9	4.0	5.0	7.7	
Italian	4.4	1.3	2.0	3.2	4.5	6.2	8.1	9.3	10.6
Polish	4.6	1.2	1.6	2.5	4.1	6.5	8.3	9.4	9.0
Russian	3.0	1.1	1.4	2.1	3.1	4.9	7.6	9.7	11.0
Negro	3.6	1.3	2.5	4.1	5.9	7.6	9.3	10.1	9.3

These figures do not give us complete information in respect to the actual size of the completed family, but they do reflect the differences in size among the various nationality groups.

¹ United States Bureau of the Census, *Births, Stillbirths, and Infant Mortality*, 1932.

Since only those mothers are counted who gave birth to a child during the year indicated, childless and completed families do not count in these estimates. The completed families will be larger in size than the figures given, but the average size of all families would be reduced if the families not experiencing a birth during the year were also counted.

Again we find the foreign-born mother has a larger family than the native-born. For example, the native-born white women who became mothers in 1932 had born to them a total of three children each, but comparable figures for the foreign-born indicate a family of three and six-tenths children. Such figures indicate that the immigrant family is considerably larger than the native. Among the whites of native birth, families also vary in size. Although not shown in this table, the number of births per native mother is distinctly lower in states such as New York, California, and Washington than in Southern states such as Kentucky, Louisiana, and Georgia.

The immigrant groups likewise differ considerably from each other. The largest number of births per family is reported for the following nationalities: Poles, Italians, and Hungarians; the smallest for Germans, English, and Irish. The figures for the Negroes also exceed those for the native whites and resemble those of the foreign-born groups. However, in certain parts of the country they seem to fall below the average for the entire population.

The census figures classify mothers of the year by age. As is of course self-evident, the number of births per mother of the younger ages is comparatively low. What is astonishing is the fact that the average number of births among mothers of the year who are from 40 to 45 years of age is 7.4. Furthermore, every nationality, including the American but excluding the English, reported an average of more than 5 for this age group. The Negro families were the largest, averaging 9.3 births per mother. Among the foreign-born whites, the Poles led with 8.3, and the Italians were a close second with 8.1.

An excellent picture of the changing size of the modern family

is given in the study made by Baber and Ross,¹ in the years 1921-23. Four hundred and sixteen families of native extraction, most of them living in Wisconsin, were studied and comparisons made with the previous generation. The facts indicated that the fertile families of the former generation averaged 5.44 births per family, while those of the group studied averaged only 3.35. However, if all families both fertile and infertile are included, the births per family of the present generation numbered only 2.81. It was discovered that 13 per cent of the couples were infertile and that 18 per cent produced but one child per family. The general shrinkage in number of births from the former to the present generation was 38.5 per cent. There is every reason to believe that the results of this investigation are typical of the native population of the entire United States.

In similar fashion it has become clear that the birth rates among Roman Catholic groups are also declining. A careful counting of the babies born to members of that church makes possible fairly accurate statistics relating to the Catholic birth rate. A number of attempts to compute the prevailing birth rate have been made, and in each case it has appeared that the rate is steadily falling. One such study, based on returns from more than eighty dioceses throughout the country, indicates that during the years intervening between 1920 and 1931 the Catholic birth rate fell more rapidly than the general birth rate.² In each case it was still above the average, but it was rapidly approaching the general rate for the population as a whole. In sections where the Catholic population was largely of native extraction, the birth rate varied but little from the general average. Information from many sources also indicates that Catholic attendance at birth control clinics is quite frequent. It appears therefore that the practice of family limitation is not confined to particular religions but has become a

¹ University of Wisconsin Studies in the Social Sciences and History, *Changes in the Size of American Families in One Generation*

² Master's Thesis, University of Southern California.

widely accepted practice. Huntington and Whitney in their study of eminent men discovered that the number of children per man was higher among Lutherans and Baptists than among Catholics¹

The tendency toward smaller families is especially marked among the educated groups of the country. Various studies show that recent graduates of many of our leading colleges and universities do not reproduce sufficiently to maintain a stationary population. In the first place, a large number of the women graduates do not marry at all, and where there are families the number of children is usually not above two or three, and in many cases it is limited to one. This undesirable tendency has been in operation for many years. Figures dealing with women graduates of the University of California showed that of the women leaving between 1870 and 1910 only 56 per cent married. The average number of children in families from which students of the university come is less than three. However, the educational background of the parents also exerts a considerable influence. Families in which the parents had the least education had the largest number of children, while families in which the parents were college graduates had the smallest.²

A brief analysis by the editors of demographic factors relating to the 3931 men and women whose names were included for the first time in *Who's Who in America* in 1934-35 reveals definite information in respect to the low birth rates among the educated. According to the figures obtained, 88.5 per cent of the individuals were married; the average age of marriage was 28.4 years and the average age at the time of inclusion was 51.17 years. The average number of children per family was found to be 2.1. Three important professional or business groups rated as follows: clergymen, 2.86 children per family; bankers, 2.51; artists, 1.11.³

¹ *The Survey*, December 29, 1933

² *California Monthly*, October, 1934, p. 44

³ *Who's Who in America*, 1934-35, pp. 21-22

The size of these families is quite insufficient to provide for the replacement of the parent generation. Since many have not married, the number of births is less than the number belonging to the older generation. The editors of the encyclopedia make the following computation in respect to the women whose names were entered: Out of 1,000 women married and unmarried, the number of daughters who will live long enough to replace their elders is 432 and these in turn will be replaced by their 187 daughters. This self-destruction of famous families, although a matter of great eugenic significance, does not of itself produce any marked effect on the general birth rate. The number of eminent men and women is so small that it forms a very diminutive part of the population and therefore can have but little weight in modifying the birth rates of the population as a whole.

A matter of grave importance is the changing proportions between children under five and married women of child-bearing age. The following computation has been made:¹

YEAR	WOMEN OF CHILD-BEARING AGE	CHILDREN UNDER 5
1810	1,000	1,006
1870	1,000	638
1930	1,000	246

Statistics such as these confirm the previous statement that the general fecundity of women has, in a little more than a century, shrunk to approximately one-third of the former figure. Although a large proportion of the reproductive energy formerly consumed was lost owing to the heavy infant mortality, the relative surplus of births over deaths was nevertheless much greater then than now and will cause society to pause and inquire whether the road now traveled will lead to annihilation or to orderly control of reproduction.

In some sections of the country, many large families may still be found. A report from Kentucky dated March, 1935, states that the thirty-fifth child has just arrived in the home

¹ Davis, Watson (editor), *Advance of Science*, pp. 362-363.

of a certain man. There have been three wives; the first had twelve children; the second, fifteen; eight have been born to the present wife! One does not wonder why the former wives died!

In certain isolated sections of the country the birth rate among native whites continues high, and among the groups relatively indifferent to education and general welfare a similar situation obtains. Sydenstricker and Perrott in their studies of occupational groups for the period 1929-32 found differences in birth rates as follows:¹

GROUP	BIRTHS PER 1,000 MARRIED WOMEN
Occupation	
Unskilled	182
Skilled	150
Salaried	134
Average (weighted)	152
Income	
Under \$1,200	176
\$1,200 to \$1,999	145
\$2,000 to \$2,499	124
\$2,500	115

These figures speak for themselves. As the scale of living rises, the size of the family declines. Whether the test is made according to grade of occupation or to size of income, the same results are obtained.

These writers also discovered that among the families receiving relief, the corresponding figure for births was 210 but that among the others it was only 137. Miscellaneous evidence relating to the improvidence of recipients of relief confirms the fact that births seem to continue unabated although the parents have no present prospects of caring for and supporting their children. Although the depression has financially ruined a large number of families of almost every income class, it appears that among the applicants for relief we find the greatest degree of indifference and recklessness.

¹ *Milbank Memorial Quarterly*, April, 1934, pp. 130-152.

4. Stillbirths.

The rate of stillbirths is an item of considerable significance. If added to the living-birth rate, it represents the rate of potential fecundity. Since in most cases the result is accidental, it cannot be assumed that stillbirths represent a desire on the part of the parents to prevent the birth of a living child. For some strange and partially unaccountable reasons the stillbirth rate continues as in days gone by to approximate 4 per cent of the living births. In 1932, if the stillbirth rate of the Birth Registration Area were applied to the states outside of the area, the number of stillbirths in the country would have totaled more than 77,000. The rate was slightly higher for the urban than for the rural districts and the various states also differed widely from each other, Arizona standing at the top with only 2.6 per cent, and Maryland at the bottom with 6.5 per cent.

Stillbirths are more common among the Negroes than among the white population and among illegitimate than among legitimate births. Syphilis is perhaps the most important single agent responsible for this vast army of casualties, but improper and inadequate care of expectant mothers is an additional factor of great importance. Observations made in England show that certain occupations predispose women to the tragedy of stillbirths, but in this country very few women are engaged in occupations in which lead poisoning and other forms of occupational disease become a menace to the worker. Alcohol, overwork, and inadequate care of herself during the period of pregnancy account for many an additional stillbirth that befalls the hapless mother.

5. Birth Registration.

The American states have been slow to provide an adequate system of birth registration. Various New England states began the system about the year 1850, but in 1911, when the United States government established a Birth Registration Area, these states and Pennsylvania and Michigan were the

only ones to qualify for admission to the area. It was necessary for a state to register at least 90 per cent of its births in order to be admitted. Accordingly, investigations by the federal government were necessary to determine the status of particular states in this respect. Gradually other states enacted birth registration laws and in 1933 for the first time all of the states were included. The last state to join was Texas and thus was added more than 5,000,000 people to the Birth Registration Area.

Birth registration is a matter of considerable importance. Exact facts relating to the birth of a child have value in connection with such questions as education, child labor, the acquisition of property, inheritance, right to marry, age of consent, juvenile delinquency, and citizenship. Furthermore the computation of the rate of infant mortality depends for exactness upon the completeness of birth registration.

A standard birth certificate such as that prepared by the Federal Children's Bureau includes the following information in respect to the child: date of birth, place of birth, name, sex, legitimacy, whether born at full term, whether plural birth or not, number of child of mother; in respect to parents: names, ages, address, nationality or race, birthplace and occupation, number of children of family now living, whether the mother was attended by a physician or midwife or some other person. In most states the birth certificate also contains a question relating to the use of a prophylactic to safeguard the baby's eyes against ophthalmia. As will be indicated in a later chapter, procedure varies in the case of a certificate for the illegitimate child.

Our tardiness in requiring certification of births has made it impossible for us to compare American birth and infant mortality rates with European countries where accurate birth registration has existed for many years. Our delinquency has been due largely to the discretionary powers granted to the various states. No method of compulsion has been devised by the federal government, and accordingly it has been necessary

to wait until every state independently decided that the time had arrived when the registration of births was a desirable addition to the other manifold duties of public office.

QUESTIONS FOR ADDITIONAL STUDY

1. What is meant by a corrected birth rate?
2. What is the median age of mothers of new-born babes?
3. Is a race consciousness in respect to birth rates likely?
4. How does a decline in the birth rate affect the death rate?
5. What racial groups are increasing most rapidly?
6. How prevalent are miscarriages and abortions in this country?

SELECTED REFERENCES

- Baber, R E , and Ross, E A , *Changes in the Size of American Families in One Generation*, 1924.
- Birth Control Review*
- Davis, K., *Sex Factors in the Lives of 2,200 Women*, 1929.
- Folsom, Joseph K , *The Family*, 1934, Chap 9, "The Problem of Controlling Reproduction "
- Holmes, S J , *The Trend of the Race*, 1921, Chap. 6, "The Decline of the Birth Rate."
- Kuczynski, R R , *The Balance of Births and Deaths*, Vol. I, "Western and Northern Europe," 1928; Vol II, "Eastern and Southern Europe," 1928.
- Popenoe and Johnson, *Applied Eugenics*, 1933, Chap. 13, "Increase of the Birth Rates of the Superior."
- Thompson, W S , and Whelpton, P. K , *Population Trends in the United States*, 1933
- United States Bureau of the Census, *Births, Stillbirths, and Infant Mortality*, Annual Reports.

CHAPTER II

CAUSES OF DECLINING BIRTH RATES

1. General Considerations.

A high birth rate has not proved necessary in order to realize the dream of statesmen to build up in their respective nations a large aggregate of people. The important consideration is the surplus of births over deaths, and this can be substantially increased by a reduction of the death rate. The enormous birth rates of the Middle Ages did not give Europe a large population because smallpox, plague, cholera, deaths in battle, and starvation consistently eliminated a considerable proportion of the inhabitants. The real menace to population begins when, even under the best conditions and with the lowest possible death rate, the birth rate is insufficient to replace the necessary shrinkage and makes no provision for increase.

A reasonable increase in population is socially desirable, and the small families that threaten the extinction of the human race cannot be condoned. On the other hand, the rabbit-like multiplication of the human species as is threatened in several countries has no justification, and the remaining nations should not feel obligated to make provision for this excess nor to tolerate the exploitation of helpless lands and peoples for the benefit of the offending country. The average family must not only be large enough to replace the parents but must also cover losses resulting from deaths before the age of marriage, celibacy, and infertility. It should not be required to cover the deficit resulting from the involuntary sterility due to social diseases or other pathological conditions that may interfere with the normal fertility of individuals. The number of births per existing family in the more progressive countries of the world must approximate three in order to make certain the maintenance

of a stationary population. Gradually as celibacy and infertility are reduced, some slight reduction in the number of births per family may still become possible, but the figure can hardly ever fall below two and one-half.

2. Sterility.

Sterility acts both as cause and effect. Society is interested when birth rates are seriously retarded and population begins to decline. Sterility should, of course, be distinguished from mere childlessness, but no practical plan of discovering the extent of sterility to which childless couples owe their misfortune has as yet been determined. It is well known that many childless couples are not sterile but merely refuse to have children.

The United States Immigration Commission in its studies based on the census of 1900 discovered that the infertility of the various racial groups ranked as follows: ¹

PERCENTAGE OF WOMEN UNDER 45, MARRIED 10 TO 19 YEARS,
HAVING NO CHILDREN

NATIONALITY	PERCENTAGE OF WOMEN CHILDLESS
All classes	7.4
Native whites of native parents	13.1
Whites of foreign parents	5.7
Foreign-born	
Scotch	8.9
Irish	7.4
Polish	2.6
Russian	2.5

These figures show that childlessness is much more common among the natives than among the foreign-born. Certain immigrant groups also differ widely from each other. East European groups have been sufficiently prolific to increase their surplus of births over deaths relatively beyond that of other groups, and the number of childless women has averaged about one out of forty. In rural Minnesota the figure for several groups was

¹ Report of the Immigration Commission, Vol 2, p 495.

less than 2 per cent. The foregoing table shows that about one-seventh of the women of native parents were childless. However, there were wide differences between the city and the rural districts, the rate of childlessness in the former being approximately 15 per cent, in the latter a little more than 5—a proportion of three to one.

These facts throw but little light on the causes. They give small indication as to the extent to which modern living conditions and their inevitable predisposing factors bring about actual sterility in women. There is no doubt that family limitation had already made great strides forward in the urban districts but was a relatively new practice in rural communities. On the other hand, urban women were more sophisticated, led a different kind of life, probably suffered more from various disqualifying diseases, particularly the social diseases, and were not entirely ignorant of the practice of abortion as a form of population control. Definite knowledge in respect to these considerations is required in order to determine the proportion of women who are involuntarily sterile and whose sterility cannot be remedied.

The figures for the women of foreign birth indicate that among the rural or peasant types the number of women who are actually unable to perform the reproductive function is comparatively small. In this country many children who would have died had they resided in the backward countries of Europe have been saved to adult life but in many cases at the expense of capacity for reproduction. However, the low rate of childlessness in the rural communities indicates that in 1900 very few American women were actually incapable of having children.

A limited study of the census of 1910 by F. W. Notestein indicates that the percentage of childlessness had risen. In rural families the rate was found to be 9 per cent, but among rural laborers only 7 per cent. In urban districts the corresponding figure was 16 per cent.¹ As stated above, Baber and

¹ *The Survey*, April 1, 1931, p. 39

Ross in their studies of American families found an infertility rate of 13 per cent.¹

It is probable that the increasing rate of sterility is partly due to the development of reproductive incapacity. No doubt abortions and miscarriages tend to develop sterility in women. An increasing number of gynecological operations accentuate the problem, and social disease among women reaches a figure of no mean proportions. A factor that heretofore has received but little attention is the sterility of the male. Formerly it was believed that this factor was negligible, but recent investigation indicates that many cases of childlessness are due to the impotency of the husband. W. H. Cary in his study of 100 sterile couples discovered that one-ninth of the cases demonstrated sterility among the males.² In many additional instances the men were partially impotent. The causes of this condition, however, have not been definitely established, but the claim that the strain of modern life has become a measurable factor in producing sterility among males has but little basis of support. On the other hand, the diseases of civilization may operate to produce results that formerly were avoided and venereal infections continue to rob men of their virility.

The rate of voluntary sterility has become an important factor in our population problem. The day may not be far distant when the obligation to reproduce their numbers will rest on all eugenically fit individuals. If so, the existence of a considerable amount of involuntary sterility would become a calamity, as it would throw the entire burden of maintaining the population level on those fortunate enough to possess reproductive capacity.

3. Changing Marital Status.

The actual causes of declining birth rates are somewhat complex. No doubt there are natural as well as artificial causes for this phenomenon. Although the age of marriage has fallen

¹ *Loc cit.*, p 29

² *Birth Control Review*, 1932, Vol. 16, pp 73-76

slightly during the last thirty years, it is much higher than formerly and as a consequence the number of births per family will inevitably be smaller. One can readily see that a reduction of one child per family becomes easily possible as the age of marriage for women rises from 21 to 25 years. The figures given in the previous chapter showing that the majority of children are born to mothers under the age of thirty indicate that the closer the age of marriage to this age, the fewer children per marriage.

Again a considerable proportion of the population does not marry and consequently avoids parenthood. In 1930 the percentage of women from 35 to 44 years of age who were married, widowed, or divorced was 90 and the proportion who were still single was 10. Very few of the latter will marry and as a consequence approximately 10 per cent of the women who live through the child-bearing age entirely miss the opportunity for motherhood. The number and proportion of such women have been gradually increasing, and unless the resulting loss to the birth rate is compensated for by the married couples, a genuine decline in the birth rate follows.

4. Social Disease.

Social disease is a frequent cause of total or partial infertility. Although statistics are not available to determine the amount of sterility due to this factor, it is well known that grave results have followed the prevalence of venereal infections. The known fact that more than one million individuals in this country are at any one time under the care of registered physicians for relief from the ravages of venereal disease is grim evidence of the reason for sterility in thousands of young men and women. Other causes of sterility are being discovered, and it is likely that a larger proportion of the population is now handicapped in this way than was formerly the case. Under the best conditions not more than 2 or 3 per cent of married couples are involuntarily sterile. It is probable, however, that the proportion in this country at present is much larger.

5. Family Limitation.

a. Factors Responsible for Birth Control.

The voluntary avoidance of large families is probably the principal cause of the decline in American birth rates. A large proportion of both sexes are at work before marriage and many young women hesitate to marry at all unless they are allowed to continue in some gainful occupation. The standards of living press so heavily on a young couple that it does not wish to forego the larger income that is derived from the work of both husband and wife. Many couples therefore feel that a child or children would handicap them socially and financially and therefore they avoid family obligations. Such action not only lowers the birth rate but often results in unwillingness to accept any responsibility for children. Accordingly the number of sterile families constantly increases.

Among the well-to-do the love of ease and pleasure is a more important consideration than the need of higher standards of living. Many wealthy women lack racial consciousness and social responsibility. They prefer dogs and cats and race horses to babies, and do not wish to be handicapped in the daily routine of their activities by anything so worth while as young human beings. They are unwilling to sacrifice either time or energy for the most important function of the family, but live selfishly trying to extract the honey of contentment from the weeds of artificial pleasures.

A third group consists of professional workers who find that the rearing of a large family interferes seriously with their professional opportunities and advancement. Often many of these individuals marry so late in life that large families become impossible. Some also court ambitions and standards similar to those of the lovers of ease and therefore fall into similar paths of conduct. On the other hand, members of this group are anxious to educate their children and many of them know that the burden of more than two or three children would tax them beyond their financial capacity. Accordingly the birth rates

among every variety of professional groups have fallen significantly in recent years.

Katharine Bement Davis, in her study of 1,000 married women most of whom had been either high school or college students, found that 73 per cent of these women practiced or believed in birth control.¹ Although the desire to limit the size of the family may have been present, the sex impulse has been too strong to obtain the longed-for results until contraceptive information was made available to large sections of the people. The decline in the birth rates of various European countries coincides with the distribution of birth control information. In this country many of the more intelligent people have for decades had access to such information, but from the majority the technique of contraception had been studiously withheld. Not until the epochal work of Margaret Sanger in New York City was a breach made in the wall that shut off knowledge of birth control. During the years beginning with 1913 and closing with her arrest and conviction in 1917 for disseminating information relating to contraception, the ground work for the "new deal" in family limitation was laid. The first birth control clinic was established in 1917. Very shortly thereafter several judicial decisions favored the reform group and accordingly birth control began to gain power and prestige. In 1935 there were more than 160 birth control clinics in the United States and new ones were constantly being established. Such clinics are generally operated as a private philanthropy but in a few states public clinics connected with local departments of health have been tolerated and effectively operated.

The birth control movement has been handicapped by the legislation enacted in 1873 by the federal government. At that time a law was passed prohibiting the sending of birth control literature or contraceptive appliances through the mails. Later the express companies were included under the prohibition. Many of the states passed similar laws and prohibited the sale of articles or devices intended to produce contraceptive effects.

¹ *Sex Factors in the Lives of 2,800 Women*, p. 13.

In some states the freedom of doctors and nurses to give information has been seriously curtailed, and throughout the country either state or federal law interferes with the free dissemination of knowledge. Efforts to repeal the federal law have been made for many years but have not yet succeeded. However, favorable sentiment is rapidly growing and ultimate success is practically assured.

The failure on the part of Congress to repeal the law of 1873 and to provide for proper control of contraceptive devices and materials has resulted in the development of an extensive "bootleg" industry. A great variety of devices are advertised and sold and much harm undoubtedly results. The repeal of the law and adequate control of this "industry" are urgently needed in order to protect the people from the quack and the clandestine vendor.

The birth control clinics are responsible for only a minor proportion of the small families of today. The bulk of the American population has not found it necessary to patronize them but has deliberately exercised the private right to limit births according to individual inclination.

b. Organizations and Birth Control.

The original propaganda for loosening the bonds that chained people to ignorance was put forth by the American Birth Control League. This organization continues as the chief proponent of birth control information. It is the leader in the struggle to secure the repeal of the federal laws that handicap the movement. During the years that have intervened since the beginning of the movement in this country, many professional, religious, and civic bodies have been required to face the issue. Some have refused to express themselves; some have reacted either positively or negatively.

In 1930 the Pope in an epochal encyclical took an uncompromising stand against birth control. Among the statements on the subject were the following: "Any use whatsoever of matrimony exercised in such a way that the act is deliberately frus-

trated in its natural power to generate life is an offense against the law of God and of nature, and those who indulge in such are branded with the guilt of a grave sin." However, an additional sentence reads, "Nor are those considered as acting against nature who in the marriage state use their right in the proper manner although on account of natural reasons, either of time or of certain defects, new life cannot be brought forth."¹

In 1931 the Committee on Marriage and Home of the Federal Council of Churches of Christ in America also prepared and issued a statement on birth control. The majority report favors birth control and in the general discussion of the subject makes the following comment, "A majority of the committee hold that the careful and restrained use of contraceptives by married people is valid and moral. They take this position because they believe that it is important to provide for the proper spacing of children, the control of the size of the family, and the protection of mothers and children, and because intercourse between the mates, when an expression of their spiritual union and affection, is right in itself." A minority disagreed with this statement and made separate comment.²

Among other religious bodies that have endorsed the birth control movement are the Anglican Bishops of the Church of England, the Episcopal Church, the General Council of the Congregational Church, the Unitarian Association, the Central Conference of American Rabbis, and the Young Women's Christian Association. Many minor bodies have added their support. Among the medical organizations a spirit of conservatism has reigned and the American Medical Association has taken no affirmative action. On the other hand, one of the sections of the organization has gone on record in favor of birth control and a number of health organizations have taken a similar stand.

Among the Protestant churches a variety of views is held. One of the important branches of the Lutheran church recently

¹ *Current History*, February, 1931.

² *Op. cit.*, April, 1931.

took a vigorous stand against contraception, and other churches in their national meetings or assemblies have refused to consider the problem. Many secular agencies, especially groups comprised largely of women, have endorsed birth control and a number of social service agencies have adopted similar measures.

On the whole, it is clear that the movement is rapidly growing in favor of repealing the federal law of 1873 and state laws that unduly handicap physicians and nurses in imparting birth control information. In addition, enforcement of the restrictive laws is becoming more lax, and as a consequence much activity expresses itself quite out of harmony with existing legislation but in accordance with the popular views on the subject. Several of the clergy of the denomination that has most vigorously opposed birth control have suggested methods of preventing conception without the use of contraceptive devices. The need of limiting population has become so general a philosophy that practical ways of satisfying the demand must eventually be met. It is likely that the old moral code cannot stand up against the pressure for control of reproduction and that socially acceptable methods of limiting population will eventually be devised.

QUESTIONS FOR ADDITIONAL STUDY

- 1 Compare the size of your family (brothers and sisters) with those families of which your parents and grandparents were members
- 2 What organizations are attempting to reduce the birth rate?
- 3 Would a lower birth rate promote prosperity? Give reasons
- 4 Do changing birth rates seriously affect the proportionate increase of Caucasian and Mongolian peoples?
- 5 Has your religious denomination passed any resolutions dealing with family limitation?

SELECTED REFERENCES

- Calverton, V. F., *The Bankruptcy of Marriage*, 1928
Current History, February, 1931, "Papal Encyclical on Matrimony."
 —, April, 1931, "Statement on Birth Control by Federal Council of Churches of Christ in America"
 Dublin, L. I., *Forum and Century*, Vol 68 1931, "Birth Control."

- Duncan, H G , *Race and Population Problems*, 1929, Part V, "Population and Its Control "
- Fairchild, H P , *New Republic*, October 16, 1929, "Birth Control."
- Groves, E R , *The American Family*, 1934, Chap 13, "The Arrested Family."
- Himes, Norman E , *Ann Amer. Acad* , Vol 160, "Birth Control in Historical and Clinical Perspective," March, 1932
- Lindsey, B B , and Evans, W , *The Companionate Marriage*, 1927
- Pearl, Raymond, *Milbank Memorial Fund Quarterly*, July, 1934, "Contraception and Fertility in 4,945 Married Women "
- Reuter, E B , *Population Problems*, 1923, Chap 9
- Reuter, E B , and Runner, J. R , *The Family*, 1931, Chap. 17, "Birth Control and Eugenics "
- Robinson, Caroline H , *Seventy Birth Control Clinics*, 1930.
- Sanger, Margaret, *Motherhood in Bondage*, 1928.
- Schmedeler, E , *Readings on the Family*, 1931.

Also references in connection with Chapter I.

CHAPTER III

HISTORICAL ASPECTS OF INFANT MORTALITY

1. Introduction.

The law of natural selection has been a tremendous factor in fixing the physiological traits of humankind. From the beginning of human life up to the present time it has been ceaseless in its operation, but has diminished in intensity with the gradually increasing control by man of the natural environment. The waste which natural selection entails among animal life is stupendous. But for the rigorous processes and destructiveness of nature, even the most slowly reproducing animals would soon overstock the earth. The early life of man is a constant story of struggle and contest, and the primitive races have always suffered from an enormous waste of lives. Every advance in civilization means a saving of human life and a more economical use of nature's bounties. Civilization implies an increasing use of all our mental and physical powers and the most efficient utilization of the many forces of nature. The more primitive a society, the more absolute is its subjection to the conditions of environment and the more helpless are its members in the face of disease and death.

Probably in no other field of human activity has man's ignorance been more lamentable in its consequences than in that of rearing children—the future parents of the race. Even the slow increase of savage tribes is purchased at a tremendous expenditure of energy, and the number of infants and little children whose physical and economic cost has never been compensated for by useful and productive lives has been appalling. Although decreasing costs of progress characterize an advancing civilization, nations have but recently begun to realize the costs involved in the loss of infant and child lives.

The sacredness of human life is no longer a mere principle. It is a rule of action and has found expression in the voluntary efforts made to reduce the death rates. Happily the history of recent centuries demonstrates the possibility of tremendous progress, and the gradual decrease in mortality indicates that medical and sanitary science has been slowly gaining ground. Mortality rates both for infants and adults depend upon many complex considerations, and society has been studying the social, economic, and physiological factors which determine the fluctuations, gains, and losses. The economic conditions, the social environment, the moral and intellectual standards, and the advance in medical science in any community are especially reflected in the vitality of its children. In fact, the infant and child mortality of a people is a barometer of their social progress.

The problem of infant mortality formerly received but little attention apart from occasional references to the subject by physicians. When birth rates were high, the social consequences of a large annual loss of life were hardly apparent, and the matter received but little consideration. Besides, economic necessity pressed men down and prevented them from attempting reforms. In recent years, because life has become a more precious possession, the individual has gained in value, and moral obligations now compel us to save life whenever possible. Infants naturally reap their share of the advantages that have followed the greater consideration for human life. Although there is still waste of child life, the progress of the last two centuries has resulted in almost immeasurable gains.

2. The Dark Ages of Infant Mortality.

The beginnings of national life throughout Europe were accompanied by an enormous waste of life. For example, in 1700 a large majority of the children born in London died before they reached the fifth year of life. The population of nearly every European country remained stationary for decades and rose but slowly until about 1750. The infant mortality of London was but little higher than that of other English cities

and all England as well as the continent lived in constant terror of fatal disease. As late as 1761, 50 per cent of the English population died before reaching the age of twenty. The enormous gain of today is not appreciated until one realizes that at present the expectation of life is approximately fifty-six years. Estimates based on records for Geneva, Switzerland, indicate that the expectation of life in that city in the last half of the fourteenth century was slightly more than twenty-one years. The figure rose in the first quarter of the nineteenth century to forty and two-thirds years

Prussia revealed a similar situation. During the decade 1751 to 1760 nearly seven-tenths of the children failed to reach the age of ten. Practically three-fourths of the entire population died before they were able to contribute to society and before they could be converted from liabilities into assets. As late as the beginning of the nineteenth century, only one-third of the children of the Russian peasants grew to maturity and not more than 36 per cent of the entire population of Russia reached the age of twenty years

In the eighteenth century, general death rates fluctuated wildly from year to year. This condition was due to recurring contagions, most of which were beyond the control of physicians or sanitarians. In London during the decade 1740 to 1750 these rates fluctuated as much as 60 per cent from year to year, and during the following half-century they remained as high as 33 3 per cent. They gradually fell to 20 per cent, but even such a fluctuation would furnish occasion for alarm today. In fact a variation from the normal of one and one-half deaths per 1,000 of the population would at once force a health department to make searching inquiry into the causes of the fluctuation.

In the eighteenth century the most persistent and universal of all diseases was smallpox. Very few individuals—probably not more than 4 per cent reaching the age of thirty—escaped all attacks of this ever-recurring plague. Two-thirds of the small children are said to have been attacked, and, owing to

the lack of proper medical care, a very heavy mortality inevitably resulted. Westergaarde says that in Sweden, during the decade 1751 to 1760, 13 per cent of all deaths were due to smallpox. If such a mortality were duplicated today it would mean approximately 4,400 deaths annually in a city of 1,000,000 population and a total of 550,000 in the United States. Some slight gain in combatting the disease was made in Europe after a method of inoculation was introduced into England from Turkey. Many so-called smallpox parties were held and the inoculated individuals "enjoyed" the disease together. Presumably they would not be afflicted with a severe case, but death did not always live up to its reputation. A high death rate from the disease continued and the pitted faces of survivors appeared everywhere.

Many writers in the early part of the nineteenth century solemnly proclaimed that a city population if forced to depend on its own reproductive powers would gradually die out. The conditions that preceded the year 1800 practically justified this conclusion. The earlier growth of cities was due largely to the influx of young persons from the rural districts. This dismal philosophy has been dissipated by the scientific progress and the sanitary improvements made since that time, and today cities not only maintain themselves but even boast of an infant death rate lower than that of many rural communities.

3. Progress during the Nineteenth Century.

Shortly before the beginning of the nineteenth century the remarkable discoveries of Jenner finally paved the way for the subjection of smallpox. The immunity of certain milkmaids from the disease challenged the curiosity and attention of Jenner, who after much study and experimentation eventually devised the method of vaccination as a preventive of smallpox. Formerly the lack of quarantine facilities and ignorance as to preventive measures made it impossible for children to escape the disease. Therefore soon after 1800, when the virtues of

vaccination had been demonstrated, the wholesale application of the new preventive to children was made compulsory in many European countries. As a consequence smallpox ceased its ravages and deaths from the disease fell to insignificant proportions. It is claimed that the elimination of this disease has alone increased the average duration of life three and one-half years. As to the efficacy of vaccination, there can be no doubt. So insidious and contagious a disease as smallpox cannot easily be controlled through quarantine and enlightened care of the patient. Therefore vaccination is still necessary to protect a community.

The first half of the nineteenth century witnessed an increased knowledge of medical science, an increase in the per capita food supply, important sanitary improvements, better housing, and the development of safeguards against pestilence. The effects of these changes were registered in a lower general death rate and particularly in a reduced infant mortality. The gains are indicated in the increasing expectation of life that was registered in many European countries. In Netherlands before 1825 one-half of the males died before reaching the age of twenty-five but during the decade 1860 to 1869 forty years represented the probable lifetime. By 1899 the expectation had risen to approximately fifty-six years.

Most of the progress made during the century, however, expressed its results comparatively early. Little or nothing was known about bacteria and therefore the intensive methods of dealing with disease had made but little headway. In England, for example, between 1850 and 1900 the death rates of children under one year of age remained comparatively stationary, although the general death rate fell 18 per cent. In France the infant mortality actually rose between the years 1840 and 1880. In Massachusetts it increased slightly between 1865 and 1895 but the mortality of children under five declined somewhat.

The century had nearly closed before a social program was applied to the problem of infant mortality. Child welfare was not yet emphasized and the obligation of the community to

protect children against the ignorance of their parents was not yet an accepted doctrine. Meanwhile the all-absorbing growth of industrialism deflected attention from many of the growing problems of the day. The doctrine of individual freedom had a firm hold on the people, and interference with private conduct was not generally approved. Some protective legislation in respect to child labor, the employment of women, sanitary conditions in factories and workshops, and compulsory school attendance had indeed been enacted but no strong public sentiment supported such laws. Large families were still the rule and the individual child received less attention than later. To carry the work of education to the homes of parents was still too bold a social program to be attempted. The advent of the twentieth century became necessary for the application of the preventive methods that have in recent years accomplished such striking results. Meanwhile superstition and fatalism have largely disappeared and the average father and mother have come to realize that rich and poor alike may be rescued from the many diseases of childhood and the high fatality rates that formerly accompanied them.

4. Preventive Methods.

The era of prevention by means of intensive methods of saving human life began shortly after the advent of the twentieth century, but in this short time marvelous results have been accomplished. Probably the investigations and discoveries of Pasteur and his assistants had done more to stimulate an effective attack on disease than any other factors. The verification of the germ theory and the establishment of facts about the microorganisms that attack the human body have done more to conquer disease than was accomplished by the learned lore of physicians during all the ages preceding. It has been ascertained that the most dangerous and destructive children's diseases can either be eliminated altogether or their virulence so reduced that a marked reduction in infant mortality will result.

In order to make progress, it became necessary to carry on a public health movement that did violence to the old principles of *laissez faire* which had dominated the health situation in previous generations. The right to interfere with the uncontrolled sale of milk and other foods and to insist on the obtaining and distribution of pure water was established and other applications of the right of complete individual freedom were checked. The problem of infant mortality became an issue for the cities to solve; consequently the health departments of the larger and more progressive cities began to perfect plans whereby they might prevent the unnecessary slaughter of babes that continued to disgrace American civilization. The fruit of these efforts will be subsequently shown.

The results of the programs attempted since the beginning of the first crusade against impure milk shortly before the beginning of the twentieth century are indicated in the statistics given in the paragraphs that immediately follow. Very few sanitarians or students of the problem believed that the success now achieved could be accomplished. In spite of this assertion we must not conclude that the limit of progress has been reached. In 1909 an eminent statistician computed a ratio of preventability of death from various children's diseases. He estimated premature birth and congenital debility at 40 per cent, diarrhoea at 60, broncho-pneumonia at 50, diphtheria at 70, and croup at 75. He concluded that of all diseases in which the median age of death was one year, the percentage of preventability was 47, and of other diseases of childhood, 67¹. Although this was considered an optimistic prediction at the time it was made, history has not only justified the optimism but infant mortality rates have actually declined beyond the limits then set and much infant mortality may still be prevented in the future. In fact, the advance of the last decade indicates that the limits of preventability are still undetermined.

¹ Committee of One Hundred on National Health, *Bulletin on National Vitality, Its Waste and Conservation*.

5. Recent Reduction of Infant Mortality.

That the reduction of infant mortality should be limited only by the permanent physical and eugenic needs of the people is a generally accepted philosophy. That inherently incapable individuals are less numerous than was formerly supposed gives impetus to the movement to cut death rates to a minimum. There is, on the other hand, a limit beyond which the reduction of infant mortality would increase the mortality during the years of adulthood and early old age. Gradually as the age of retirement from active gainful occupation is lowered, this condition will produce no serious anti-social consequences. Should the trade life of the people be increased, then many casualties among working men and women must be expected. The eugenic program, however, cannot interfere with the reduction of infant mortality. Its success will depend on its control of reproduction. It must prevent the weaklings from being born, by insisting on judicious mating and by the use of sterilization of certain types of unfit persons.

What has been accomplished in a period of approximately thirty years is shown in the following table:¹

INFANT DEATH RATES PER 1,000 BIRTHS

	1900	1915	1925	1930	1933	1934
Registration area	149.4	100	72	65	58	60
White	143.4	99	68	60	53	
Colored	297.0	185	111	102	91	

These figures indicate that constant and consistent progress has been made for more than thirty years. The unsatisfactory records of 1900 are not too uncertain to prove that a very high infant mortality prevailed at that time. Among the colored people, mostly Negroes, the rate was almost unbelievable. After 1910 the general rates fell rapidly and the lowest rate in American history was achieved in 1932. The depression re-

¹ The figures for each year are for the registration area of that year and therefore are not entirely comparable with each other.

tarded public health work with the result that 1933 registered a somewhat higher rate but an increase so slight that no alarm has been occasioned thereby.

The various states still differ widely from each other in respect to relative mortality rates. Washington with an infant mortality rate of 39 and Oregon of 40 stood at the top, while New Mexico and Arizona with rates averaging 136 and 111 respectively were at the bottom. In similar fashion the cities have moved forward. Fall River, Massachusetts, which in 1900 had an infant mortality of approximately 300 per 1,000 births, reached a creditable level of 114 in 1921 but in the year 1932 its infant mortality had fallen to 52.9. A decline such as this seems almost incredible, but it proves the effectiveness of thirty years of preventive and educational work. Equally astounding is the improvement that has occurred in the health of colored children, whose infant mortality today is less than one-third of the rate prevailing at the beginning of the century.

Significant, indeed, are these changes in their relation to the number of deaths among infants and children under five occurring from year to year. In 1900, the number of infant deaths in the United States was 199,325, or 19 per cent of all deaths. In that year the number of children under five dying was 317,532, or 30.5 per cent of all deaths. The registration area of 1921 covered about two-thirds of the American population and had a slightly lower infant mortality rate than the remainder. If to the recorded figures are added careful estimates of the deaths in the non-registration area, a total of approximately 200,000 infant deaths will be reached for that year. By 1920 deaths among children under five had also fallen to 21.7 per cent of all deaths, and therefore, in spite of a large increase in population, the total number of such deaths was less than that of twenty years before. The gains made by 1933 are most impressive. In that year there were slightly more than 2,000,000 births in the entire country and the number of infant deaths was only 120,199—less than two-thirds of the infant mortality of 1900. Nevertheless during this period the population of the

United States had increased by slightly more than 50,000,000 persons.

6. Infant Death Rates in Foreign Countries.

Many foreign countries have failed to make vigorous attempts to reduce their infant mortality, but in northwest Europe creditable progress has been made. Active work to lower death rates was also impeded by the World War when many countries could give but little attention to the problem. In the following table are given figures for selected countries throughout the world: ¹

INFANT MORTALITY IN VARIOUS COUNTRIES

COUNTRY	YEAR			
	1908	1920	1932	1933
Austria	204 (07)	157	106	
British India		195	179 (31)	
Chile	320	263	235	258
Denmark	123	91	72	68
England and Wales	109 (09)	80	65	63
Germany		131	79	76
Hungary	212 (09)	193	184	139
Italy		127	110	
Japan		166	118	
Netherlands		83	46	44
New Zealand		51	31	31
Norway		58	47	
Sweden	85	63	51	50
Uruguay		117	110 (31)	
United States		86	58	58

For many countries, accurate figures for the year 1908 are not available but the trend among those for which the statistics are recorded gives indication of the changes that probably occurred in most of the remaining countries. For many years Australasia, and particularly New Zealand, has led the world with its excellent record in reducing infant mortality. The im-

¹ *Trend of Infant Mortality in the United States and Certain Foreign Countries*, Release No 5192, United States Children's Bureau

provements in New Zealand seem to have resulted largely from organized effort to reach the parents of every new-born babe and to provide them with instructions for its care and feeding. A system of visiting nurse work has been in existence for many years and this has clearly established a reputation in the field of preventive service. New Zealand is also favored with a salubrious climate and the people are usually intelligent and foresighted.

In Europe the best record is held by Netherlands, but Norway and Sweden follow closely and England also has made excellent progress

It will be noted that the countries listed from central and south Europe continue to remain far behind. The black shadows of the World War still rest darkly on these countries and prevent the enlightened program of child care that characterizes the nations of north Europe. Poverty and ignorance and a backward peasant population aggravate the problem. In Italy hot summers and an amazing amount of illiteracy stand in the way of progress and prevent the reduction of infant mortality that the rulers should covet.

Japan is still far behind but has made very creditable progress in lowering its rate. Japan may be expected to move forward rapidly, since an increase in population represents one of the dreams of its leading statesmen.

The two South American countries listed differ widely from each other. Chile over a period of nearly thirty years has made but little progress. Over her the pall of the dark ages hangs motionless and sinister, but Uruguay seems to be moving forward.

Although life is still held rather cheaply in the teeming hives of the Orient and among the poverty-stricken peoples of the New World, the twentieth century has wrought miracles even here. Wherever the birth rate has declined, the rate of infant mortality has also fallen. Nor has the existence of a high birth rate made progress impossible in certain countries. Nearly everywhere greater efforts than heretofore are being made to

conserve life and health Such at least is the course of human progress, and in terms such as these the advance of civilization must be measured.

QUESTIONS FOR ADDITIONAL STUDY

1. What were the chief causes of infant mortality in the seventeenth and eighteenth centuries?
- 2 Do large families necessarily have a greater mortality rate than smaller families?
3. Study the changing rates for the mill towns of New England
4. What method of determining infant mortality rates did the Children's Bureau use in its studies?
5. What have been the chief obstacles to a program of infant mortality prevention?

SELECTED REFERENCES

- Kelsey, Carl, *The Physical Basis of Society*, 1928, Chap 2, "The Control of Nature "
- Mangold, George B , *Popular Science Monthly*, June, 1907, "The Waste of Children "
- Moore, H H , *Public Health in the United States*, 1923.
- Newsholme, Arthur, *Vital Statistics*, 1934, Chaps. 8, 9, 10.
- Ravenel, M P (editor), *A Half Century of Public Health*, 1921
- United States Bureau of the Census, *Mortality Statistics*, Annual Reports.
- , *Births, Stillbirths, and Infant Mortality*, Annual Reports.

CHAPTER IV

SOCIAL AND INDIVIDUAL FACTORS UNDERLYING INFANT MORTALITY

1. Rural vs. Urban Infant Mortality.

Until 1929 the rural infant death rate was consistently lower than the urban. In that year it exceeded the rate in the cities, which have enjoyed an advantage ever since. As a general rule, conditions in the cities have been relatively unfavorable. Smoke and dust continually hover about and seem to contaminate the air. Garbage and rubbish are present and the streets are seldom clean. Millions of germs float about seeking whom they may destroy. The danger from contagion is much greater where a large number of persons congregate than it is in isolated rural communities. The ebb and flow of city populations tend to carry disease from place to place. The poverty and squalor of the cities render children easy victims of disease and interfere with proper medical care. The city child must depend on an imported food supply, some portions of which, such as milk, eggs, fruit, and vegetables, are in danger of being spoiled before they reach the consumer.

In the rural districts nature is constantly fighting in behalf of health and vitality. The expectation of life among farmers has been higher than that of any group other than selected professional classes, and these have been favored because the hazards of industry take but little toll of their lives. Isolation has kept the contagious diseases from spreading throughout a neighborhood and has even prevented such diseases from obtaining a foothold. Fresh air, sunshine, fresh fruit and vegetables, and uncontaminated water are a great advantage and consistently favor the rural child. Other things being equal, rural life offers the child a greater opportunity for health and

strength than the streets, alleys, and congested homes of the city. If a lower infant death rate now prevails in the urban districts of the country, it is because the public health program of the cities has dealt effectively with the many undermining and devitalizing influences to which most of our cities have been subject.

In 1934 the urban and rural infant mortality was 58 and 62 per 1,000 births respectively. An analysis of the conditions in the various states reveals some of the reasons for the advantage now enjoyed by urban communities. As a matter of fact, in many states the city has not yet caught up with the country. In such states as Alabama, Arkansas, Georgia, Kentucky, and other Southern states, also in Rhode Island, Maine, Indiana, and in many sections of other states, health still favors the rural child. City health departments in many communities have not grappled with such problems as a contaminated milk supply, impure water, spoiled food, bad housing, and slum areas. As a consequence, infant mortality has not fallen as rapidly as in the rest of the country. In the rural districts, on the other hand, in spite of poverty and general lack of adequate medical attention, these problems have usually been less serious and therefore babies have continued to survive. In states where the metropolitan cities have made vigorous efforts to reduce infant mortality, the results are clearly evident in the victory that the city has achieved over the rural community. California, Pennsylvania, and New York furnish illustrations of the gains that have been made.

Natural advantages still lie with the rural districts, but science and social programs have largely removed the precipitating causes of the excess death rates formerly universal in urban communities. The country has made slower progress than the city and therefore the immediate need in this field of social work is the development of a health program that will secure for the rural districts the degree of health protection that modern science makes possible.

2. Negro vs. White Death Rates.

There is a marked difference between the death rates of Negro and of white children. These differences have been evident ever since our vital statistics first recorded the facts. It appears that in 1900 the mortality of Negro children was double that of the white and that in the large cities three-eighths of the Negro children died before the age of five. In the rural districts, however, the rates were much lower—a fact which indicates that the higher rates were largely the result of environmental conditions that are unfavorable to life and health.

In the passing years significant changes have occurred. The relative differences between Negro and white death rates remain but the absolute rates have fallen tremendously. Precisely as the infant mortality among whites has decreased from year to year, so the rate among Negroes, although approximately twice as high, has followed an identical or parallel course. In 1915 the Negro rate was still higher than the white rate in 1900, but in 1933 it was lower than that achieved by white children in 1915. There is a lag of approximately twenty years. In 1933 the relative rates were 53 and 91 respectively, but in many states the rates were decidedly more favorable to Negroes than that just indicated. Although the Negro infant mortality in the country as a whole was 71 per cent in excess of that among the whites, in Arkansas it was only 13 per cent higher and in Indiana 15 per cent. In many states the differences were comparatively small, indicating that no insuperable constitutional qualities prevented the decline of Negro infant mortality to the figure attained by whites. In only four states did the actual recorded rate exceed 100.

The high rates among Negroes were formerly due largely to the mortality from diseases or conditions such as premature birth, congenital debility, pneumonia, influenza, bronchopneumonia, diarrhoea, and enteritis. The disparities between Negro and white children in respect to the proportionate deaths

from these causes have steadily declined and at present the relative importance of each cause is but slightly different for the two races. Disproportions are still rather large for diarrhoea and enteritis, the figures for 1932 showing the percentage of infant deaths due to these causes as 4.7 and 7.1 respectively. Ignorance among the Negroes in respect to infant feeding probably accounts largely for the discrepancy.

Although the Negro death rate for every group is somewhat above that of the whites, the precise causes of these differences have not yet been determined. That much of the difference is due to the inferior social and physical conditions under which the Negro lives cannot be denied. In localities where the differences have been reduced to a minimum, the disparity in death rates is not so marked. There can be but little doubt that the high Negro infant mortality is largely the result of social and environmental causes.

3. Age and Sex as Factors.

The bulk of the infant deaths occur before the end of the first three months of life. The highest mortality occurs on the day the child is born. The first month eliminates most of the babies that die of the diseases of early infancy, but the death rate remains high for a period of three months. The figures for the United States in 1933 as compared with 1921 were as follows:

PERCENTAGE DEATHS AT SPECIFIED AGES FORM OF THE TOTAL
INFANT MORTALITY

AGE OF CHILD	YEAR	
	1933	1921
Under one day . . .	26.2	17
Under one month . .	58.8	52
Under three months	72.8	66

These figures show that the deaths of early infancy are becoming an increasing proportion of all infant deaths. It is of course natural that the new-born should be most susceptible

to unfavorable influences and that as the age of the child increases the chances for survival rise. After the third month the child has weathered the effects of these conditions and the infant death rate rapidly declines.

In this country about 105 boys are born for every 100 girls, but in many tropical countries these proportions are reversed. Our vital statistics show that the infant mortality among boys is approximately 15 per cent higher than that among girls. This excess death rate occurs throughout the first five-year age period. It appears in the case of practically every disease or cause of death. It seems that baby girls have superior resisting power. In fact, in countries that do not profit from immigration the female population is usually somewhat in excess of the male. The reasons for this difference are obscure, but the facts seem to be well established.

4. Age of Mother, Order and Frequency of Births.

Among mothers under twenty years of age the infant mortality is relatively high. Best results are obtained for mothers from 25 to 29 years of age. After that the rate rises and for mothers over 40 a significant increase is recorded. Lack of preparation or of physical capacity for maternity among young mothers is indicated in the high death rate of their children from prematurity and diseases of early infancy. Infant mortality rates vary according to the order and number of births. Although the mortality among the first-born is below the average, that among the second in order is the lowest. Lack of physical adjustment on the part of a primipara accounts in part for this difference. As the number of births increases, the infant mortality rises and among fifth and later births it greatly exceeds the average for all births. Furthermore the mortality among the latest children is highest in the case of mothers 30 to 34 years of age, indicating that a short interval between births is associated with a high infant mortality. The physical burden, however, is not the only factor involved. Many older mothers resort to artificial feeding, thus unwittingly subjecting their

children to a greater danger from the diarrhoeal diseases and the milk-borne epidemics.

5. Maternal Mortality.

There is a close relation between maternal mortality, stillbirths, and the diseases of early infancy. Until the United States Children's Bureau made a study of maternity and child care in the state of Montana, little was known about the maternal mortality rate in this country. Conditions in that state were apparently more appalling than in many other states, but the facts disclosed made a profound impression and gave rise to the charge that from 15,000 to 25,000 maternal deaths occurred each year in the United States, or approximately eight deaths per 1,000 births. The actual recorded statistics do not yield so high a figure, but many deaths are charged against diseases that may have been induced by prenatal or natal conditions but are not classified as maternal mortality.

The general trend of maternal mortality in the United States and certain foreign countries is given in the following table:¹

MATERNAL MORTALITY PER 10,000 LIVE BIRTHS

COUNTRY	YEAR				
	1915	1920	1925	1930	1933
Australia	43	50	56	53	51
Chile	66	75	61	68	71 (32)
Czechoslovakia		40	33	41	48
England	42	43	41	44	43
Irish Free State	53	49	47	48	46 (32)
Italy	22	28	28	27	30 (32)
Netherlands		24	26	33	32
Sweden	29	27	26	35	27 (32)
United States	61	80	65	67	62

These figures reveal the widest differences among the countries listed. Nations of the type of Chile have an exorbitant rate, but that of the United States is second highest. Sweden enjoys the lowest rate, but the record of Netherlands is also

¹ United States Children's Bureau, Release No 5197, Nov 28, 1934.

exceptional If our rate were as low as that of Sweden, we would save annually approximately 7,500 women, the lives of whom are now sacrificed either to our ignorance or our indifference.

A further study of maternal mortality in this country shows that the rural and urban rates were 53 and 73 respectively. In nearly every state the rural sections enjoyed the lower rates and in some they were less than one-half as high as those of the urban centers. In similar fashion there is a wide disparity among the states, Florida standing at the top with 115 and Idaho at the bottom with 43, or less than one-half the death rate prevailing in the former. The rate among Negroes is relatively high, a fact which accounts for the excessive figures recorded for many of the Southern states

Among the factors responsible for the high maternal mortality rates in this country are: inadequate hospital care of parturient women, lack of medical attention in isolated sections, diseases of women either before or during the period of pregnancy, awkward and inefficient gynecological service, slovenly after-care, abortion, and lack of adequate prenatal care. On the other hand, many of the precipitating factors are undetermined as is evident from the special study made by the New York Obstetrical Society, which ascertained that 10 per cent of the women who died had received excellent prenatal care and that some such care was given to the additional 22 per cent.¹

The maternal mortality directly influences the infant death rate The Children's Bureau, commenting on the results of its studies of infant mortality, states that among the infants whose mothers died within the year following confinement, the mortality rate was more than four times as high as among infants whose mothers lived for a year or so after their birth ² The high death rate was due largely to premature birth and the diseases

¹ White House Conference, *Addresses and Abstracts of Committee Reports*, p 75

² United States Children's Bureau, Publication No 142, *Causal Factors in Infant Mortality*, pp 33-35

of early infancy. Furthermore artificial feeding frequently followed the death of the mother and this was largely responsible for the excess mortality after the first month of life. Although maternal mortality and the diseases of early infancy are in part the results of common causes, the danger to child life upon the death of the mother must be clearly apparent. A high maternal mortality inevitably increases infant mortality.

The general healthfulness of the mother greatly influences the health and vitality of the infant, and particularly unfortunate is the child whose mother is suffering from tuberculosis. Again the studies of the Children's Bureau reveal valuable information. According to their conclusions, the infant mortality rate among infants whose mothers were afflicted with, or had previously had, tuberculosis was more than two and one-half times the normal death rate. In similar fashion the children of mothers stricken with convulsions yielded an infant mortality three and one-half times the average for the group studied

6. Industrial Conditions.

Bad social and industrial conditions almost invariably reflect themselves in a comparatively high infant mortality. In many industrial cities poverty and misery are general. Here too the housing conditions are frequently hopelessly inferior, and adults as well as children suffer from lack of air and sunshine. The heavy infant mortality that formerly characterized the industrial cities of the New England states was a direct result of ignorance, superstition, employment of married women, and wretched housing. In these cities deaths from the diarrhoeal diseases reached almost unprecedented proportions, due partly to the fact that the employed mothers relied too much on the use of cows' milk and prepared foods for their babies. In addition, a considerable proportion of the working population was forced to live in dirty, ill-kept tenement houses, and the sanitary conditions in the districts so occupied were given but little attention by the city authorities.

The laboring classes have always suffered from a higher infant mortality than the salaried and professional groups. The chief causes of this difference are not difficult to discover. The environment of the latter is uniformly superior, their housing is better, their food is more adaptable, physicians can usually be procured by them on call, and detailed care of their babies is possible. The absence of these advantages leads to diarrheal disease, broncho-pneumonia, and a higher death rate from the diseases of early infancy. In many sections of Europe a high infant mortality is characteristic of the peasant population, owing to the enforced absence from the home of the mother who must spend nearly all of her waking hours in the fields.

The employment of married women has greatly increased in this country since the World War. However, a large proportion of these women have entered salaried positions, and adjustments to the needs of their babies can more easily be made than in the case of factory workers. Most of the women of this type also are of native birth, are intelligent, and limit the size of their families.

In the large factory towns of the North, many foreign-born women have entered the manufacturing establishments; in similar towns of the South, the women from the mountain districts constitute a large proportion of the workers. Where married women are employed in large numbers, many children are neglected, since among these groups ignorance is a factor of grave importance.

Housing congestion, where it exists, continues to cause grave consequences. In homes so crowded that the indwellers number more than two per room, the infant mortality has been found to exceed that reported from normal homes at least two and one-half times. Bad housing, however, is complicated with other conditions, such as poverty, artificial feeding, and neglect, each of which takes a separate toll of child life.

The largest cities no longer suffer from the higher infant mortality rates. It is still true, of course, that the stockyards

section in Chicago and the industrial district in Philadelphia and sections of other cities have much higher death rates than the residence sections of these cities. But the general advance made by the large cities is shown in the following table based on reports for 1933:¹

INFANT DEATHS PER 1,000 BIRTHS IN CITIES OF GIVEN SIZES

Population of 250,000 or over	54 1
100,000 to 250,000	57 8
50,000 to 100,000	59 8
25,000 to 50,000	60 8
10,000 to 25,000	60 8

It is clear from figures such as these that the public health programs of the largest cities are more advanced and effective than those of the smaller cities. In spite of their large slum areas, their bad housing, and their problems of contagion, our metropolitan centers have succeeded in lessening their infant mortality more rapidly than the smaller cities. A well-developed maternity and infant hygiene program enjoys the credit for this desirable gain

7. Poverty.

The most important underlying cause of high infant mortality rates is poverty. Often the results are indirect but nevertheless truly compelling. Poverty is both cause and effect and is often a segment of a vicious circle that must be broken before the recurring train of consequences can be checked. Death rates are high among the poor, not because people are poor, but because being poor they cannot take advantage of the medical facilities needed to prevent or to cure disease. Furthermore, with poverty is usually associated ignorance, or at least such was the case before the advent of the recent industrial depression.

The studies made by the Children's Bureau demonstrated the inverse correlation of infant mortality with family income.

¹ American Child Health Association, *Statistical Report of Infant Mortality for 1933*

After eliminating such influences as the age of mother, order of birth, and interval since a preceding birth, the Bureau compared mortality rates with income of fathers with results as follows:¹

RELATION OF FAMILY INCOME TO RATE OF INFANT MORTALITY

EARNINGS OF FATHER	RATIO OF RATE IN SPECIFIED GROUP TO AVERAGE RATE
Average earnings	100 0
Under \$ 450	152 8
450- 549	113 5
550- 649	103 0
650- 849	98 8
850-1,049	78 1
1,050-1,249	59.0
1,250 and over	54 5
No earnings	200 0

These figures show that families with the higher incomes enjoy the lower infant mortality rates and that the lowest income group has an infant mortality almost three times as high as the group with the highest income. As may reasonably be expected, families with no income suffer most.

Poverty forces families into dingy and ill-ventilated homes; it impinges on the food supply and leads to malnutrition and devitalization of body, bone, and muscle; it results in the purchase of inferior and unhealthful foods, it prevents adequate medical attention, if severe and prolonged, it leads to indifference and shiftlessness; it leads to the neglect of children; it may force mothers into the gainful occupations, and it apparently leads to a higher birth rate. As a factor it must be considered in the light of the natural and inevitable effects that it produces on the opportunities and the living conditions of the sufferers therefrom.

8. Improper Care and Feeding.

Ignorance on the part of mothers is a factor of profound importance in respect to infant death rates. Until recently very

¹ *Op cit*, p. 232.

few school girls have been taught how to take care of babies. Most mothers have been required to learn from the experience of life, and from the little information they received from their parents. That cows' milk and prepared foods are inferior to mothers' milk is not known to all mothers. The germ theory of disease likewise has not penetrated the minds of millions of our people. That dirt and germs may be introduced into cows' milk at the first contact with the air is not generally known. The indifference of many a mother to the fact that her baby's bottle is rolled about on the floor and in the dirt illustrates the ignorance that still prevails.

Mothers frequently are neglectful and allow dirty milk to become warm and stale. Meanwhile the disease-bearing germs multiply and are ready to infect a baby and cause a siege of sickness. Milk producers dislike to expend the additional funds necessary to insure clean and cool milk in the summer and therefore much milk placed on the market during the summer months is below the standard prevailing during the remainder of the year. The average mother has given this problem no attention. Not until her baby is suffering from some disease carried by the milk does she become alive to the situation. Then it may be too late. Although the mortality from the digestive diseases is much higher in summer than in winter, babies do not usually die of excessive heat. It has been estimated that the effects of impure milk are three times as serious as those of heat.

Ignorance in respect to the ingredients of cows' and human milk leads to serious consequences. Nature has, on the whole, adapted the various animal milks to the needs of the young of that particular species. As a consequence cows' milk is adapted to the needs of calves but not entirely to those of young children. It lacks certain qualities required for the development of humankind.

There are some striking differences between cows' and human milk. The former contains 3.5 per cent of proteids, the latter, 1.5; the percentage of milk sugar is 4.5 and 7.0 respectively; of ash, 0.75 and 2.0; the water and fat constituencies are prac-

tically the same; in the former 4.3 per cent is nitrogenized, in the latter, 1.9, the one has an acid, the other an alkali, reaction. It must be self-evident that the very young baby cannot substitute cows' for human milk without proper modification of the former. Many sturdy children will thrive on undiluted cows' milk, but the weaker ones are incapable of adapting themselves to this unnatural diet and soon suffer disturbances of the digestive system.

For the very young baby, cows' milk must be modified so that its constituent qualities will resemble those of human milk. The high percentage of proteids must be reduced by adding water; the milk sugar content must be raised by sweetening the milk, additional cream is necessary because the watering has reduced the proportion of fats; finally lime water is introduced to obtain an alkali reaction. Only by changing its ingredients in this way does cows' milk obtain the proper content for consumption by the human infant. Another problem consists in the fact that human milk changes its constituency with the varying age of the child—an accommodation worked out by nature for the protection of the race—but animal milk adapts itself to animals and does not change according to the needs of humankind. Cows' milk must therefore be modified differently as the age of the baby increases, otherwise serious misfeeding or malnutrition results. Such modification, however, cannot be made from day to day, and therefore philanthropic agencies have prepared a number of standard modifications, each adapted to a specific age period of two months or less. Three or four of these modifications are required during the first six months of the infant's life.

9. Syphilis.

This disease has had an uncanny success in evading our vital statistics. Unfortunately it is not yet possible to obtain full information relating to its prevalence and its effects. It was formerly held that about 8 to 10 per cent of the prospective mothers treated at public hospitals were syphilitic. In states

in which a vigorous campaign against venereal disease has been carried on, the figures appear more favorable. For example, a group of Massachusetts hospitals in which routine tests were made of every expectant mother reported that in 1934 the venereal disease rate was less than 2 per cent and that the rate has been regularly declining over a period of years.¹ These figures seem very favorable but do not indicate the conditions that exist where little or no attempt is made to fight these diseases.

Approximately three-fourths of the children born of syphilitic mothers are directly affected by this condition. In many cases the disease kills the foetus or unborn child so that abortions and stillbirths are greatly increased thereby. The high rate of stillbirths among Negroes is largely attributed to the prevalence in that race of venereal disease.

Of the syphilitic babies born alive, the majority die within the first year of life and most of the remainder lack normal vigor and vitality, thus making them the easy prey of other diseases. Furthermore the permanent after-effects in the form of defective eyesight, nervous disorders, and mental abnormality are so serious that syphilis must be considered not merely as an important cause of infant mortality but as the progenitor of countless other ills of child life.

10. Detailed Table of Factors Affecting the Infant Death Rate.

In order to obtain a panoramic view of the many factors underlying infant and child mortality, the following detailed table of causes is presented:

I. Hereditary tendencies

- (1) Poor physique
- (2) Tendencies of parents to certain diseases

II. Prenatal influences

- (1) Influence of alcohol, drugs, and lead poisoning on foetal life
- (2) Malnutrition of mother

¹ *Journal of Social Hygiene*, April, 1935

- (3) Overwork of mother
- (4) Improper care of mother during pregnancy
- III. Climatic conditions
 - (1) Extremes of heat or cold
 - (2) Excessive dampness
 - (3) Abrupt changes in weather conditions
- IV. Unsanitary living conditions
 - (1) Bad housing quarters
 - (2) Overcrowding
 - (3) Filthy homes
 - (4) Absence of needed sanitary arrangements, such as toilets, sewerage systems, and proper garbage disposal
- V. Factors relating to the feeding of children
 - (1) Substitution of other foods for mothers' milk
 - (2) Use of contaminated and impure milk
 - (3) Use of foods not adapted to small children
 - (4) Underfeeding due to
 - Ignorance of mother
 - Poverty of parents
 - Famine
 - (5) Water containing disease-bearing bacteria
- VI. Unfavorable surroundings
 - (1) Lack of park space or areas
 - (2) Failure to abate nuisances
 - (3) Presence of industrial establishments that breed disease
- VII. Inadequate public control of disease
 - (1) Ineffective quarantine
 - (2) Failure to immunize against disease
 - (3) Lack of medical facilities
- VIII. Neglect
 - (1) Indifference of parents to condition of child
 - (2) Employment of mother away from home
 - (3) Dislike for baby, particularly by unmarried mother
- IX. Mental factors
 - (1) Parents too feeble mentally to care properly for child
- X. Mother suffering from disease
 - (1) Tuberculosis
 - (2) Maternal mortality
 - (3) Constitutional diseases
- XI. Age of mother, order of birth, frequency of births
 - (1) Mother too young or too old

- (2) Mother anatomically unadapted to the birth process
- (3) Too brief intervals between births
- (4) Excessive number of births.

QUESTIONS FOR ADDITIONAL STUDY

1. Is a higher infant mortality among boys than among girls inevitable?
2. Would mortality rates be lower if all babies were given institutional care?
3. Investigate mortality rates among illegitimate children
4. Study report of Children's Bureau on maternal mortality.
5. In what way has the depression tended to reduce infant mortality?
6. What factors have produced unfavorable results?

SELECTED REFERENCES

- Bolt, R. A , "Fundamental Factors in Infant Mortality," in *Ann Amer. Acad* , Vol 187, November, 1921.
- Journal of Social Hygiene*, April, 1935
- Newman, George, *Infant Mortality*, 1906, Chaps 4, 5, 7
- Sydenstricker, Edgar, *Health and Environment*, 1933, Chaps 4, 5, 6
- United States Bureau of the Census, *Births, Stillbirths, and Infant Mortality*, Annual Reports
- United States Children's Bureau, Publication No. 142, *Causal Factors in Infant Mortality*, 1925
- , Publication No. 112, *Infant Mortality—Results of a Field Study in Gary, Indiana*, 1922.
- , *Causes and Prevention of Neonatal Mortality*, 1929
- , Publication No 158, *Maternal Mortality*, 1926
- , Publication No 223, *Maternal Mortality in Fifteen States*, 1934.
- White House Conference on Child Health and Protection, *Addresses and Abstracts of Committee Reports*, 1930.
- , *Communicable Disease Control*, 1931
- , *Fetal, Newborn, and Maternal Morbidity and Mortality*, 1932.

CHAPTER V

CHILDREN'S DISEASES

Children are particularly susceptible to certain diseases and therefore the medical profession has characterized such ailments as "children's diseases." However, this classification is not entirely consistent, since smallpox was once quite as much a children's disease as any of the present-day children's diseases. During the last few years the average age at death of smallpox victims was approximately thirty years. The change is due not to any transformation in the habits of the disease but to the achievements of medical science which has conferred immunity through vaccination upon so large a proportion of the population that the child is seldom exposed to smallpox. In the case of some diseases a relative immunity is gradually acquired so that older children and adults are not likely to contract them.

1. Age Incidence of Specified Diseases.

In the following table the significance of the term "children's diseases" assumes objective form.¹

CHILDREN'S DISEASES AND AGE AT DEATH (1932)
Percentage of Deaths from Each Disease for Specified Age Groups

DISEASE	UNDER ONE YEAR	UNDER FIVE YEARS
Broncho-pneumonia	30.4	40.8
Congenital malformations .	89.1	95.0
Diseases of early infancy .	100.0	100.0
Diarrhoea and enteritis .	60.0	67.9
Diphtheria	8.0	58.1
Measles	21.8	68.2
Scarlet fever . . .	3.2	38.6
Whooping cough	22.0	95.4

¹ *United States Mortality Statistics, 1932.*

In addition to the diseases named in the foregoing table, several numerically unimportant infections also find their chief victims among children. The list as given, however, includes the principal diseases falling into the classification of "children's diseases." The figures given indicate that, with two exceptions, a majority of the deaths occurring from the diseases specified occurred to children under five years of age. In several instances the median age at death is less than one year.

2. Causes of Death.

Before attention can be given to the specific causes of death and the factors that have brought about changes in the relative importance of the several diseases, some general statistics giving the nature of the changes should be presented. In the following table are given the infant mortality rates in the United States by specified groups of causes for a number of selected years. The figures are for that part of the United States which was in the registration area in 1921.¹

DEATHS PER 1,000 BIRTHS

CAUSES OF DEATH	1921	1930	1933
All causes	75 0	62 4	54 3
Natal and prenatal causes	36 0	32 7	31 3
Gastro-intestinal	14 8	7 9	5 0
Respiratory diseases	10 3	10 7	9 0
Epidemic and communicable	4 6	3.1	2.3
External causes	1 0	1 0	0 9
Other	8 3	7 1	5.8

The changing rates for particular diseases are significant indications of the nature of the infant mortality problem. Discussion concerning them will be given in the following pages in connection with that of the treatment of the specific diseases.

a. Natal and Prenatal Causes.

These causes include premature birth, congenital debility, congenital malformations, injuries at birth, inanition, etc.

¹ United States Children's Bureau, Release No 5190, Nov. 15, 1934.

Nearly all of the deaths from this group of causes happen during the first three months of life, but most of the fatal premature-birth cases occur before the end of the fourth week. Congenital debility and congenital malformations allow many cases to cling to life a little longer, but the heavy mortality is recorded during the first month of life.

The most disquieting fact concerning the diseases of early infancy is the slow decline in the death rate therefrom. The figures in the foregoing table indicate that very little change in the rate has taken place since the World War and that the percentage of all infant deaths which these diseases furnish is constantly rising. In 1920, according to estimates made, the number of deaths they caused totaled approximately 68,000, while in 1933 the Census Bureau actually recorded nearly 62,000. In view of the substantial decline in the general rates of infant mortality during this period, the slight change in respect to diseases of early infancy indicates failure or inability to deal adequately with the problem. These diseases now are responsible for more than one-half of our entire infant mortality, and threaten to become an increasing proportion of the total.

Natal and prenatal causes are somewhat more prevalent among the poor than the well-to-do, and the rural rate has been slightly lower than the urban. Social and industrial conditions are evidently factors in the problem, and syphilis is undoubtedly a very important causative agent. Our lack of information in respect to the actual prevalence of syphilis interferes with accurate estimates as to the amount of infant mortality due to this source. That a large percentage of the deaths of early infancy is due to the syphilitic condition of the parents, particularly of the mother, is, however, well established. Improper and inadequate prenatal care is also an important factor, and with the improvement of the present plans for maternity care these causes of infant mortality should decline. On the other hand, some of the deaths are the inevitable outcome of a weak heredity, and so far as this is the case no reduction in the mortality from the diseases of early infancy may be expected.

except as an effective program of eugenic reform is instituted.

b. Gastro-Intestinal Diseases.

Most important among the diseases falling into this group are diarrhoea and enteritis. Formerly they were the most common and deadly of the children's diseases, but in recent years they have been exceeded by the diseases of early infancy and have actually dropped to third place. Effective work in child saving has been measured largely by the success achieved in reducing the mortality from the digestive diseases. This saving has been accomplished chiefly among children more than three months of age, due primarily to the fact that maternal nursing has become more popular or clean and wholesome milk has been used as food.

When the earlier campaigns against the digestive diseases were in operation, frequent studies of the problem of infant feeding were made. They showed, for example, that among the families of scant income, slightly more than 80 per cent of the babies were nursed by their mothers; the remainder used cows' milk or, in a few cases, milk substitutes. They discovered also that the children fed on substitutes for mothers' milk furnished more than one-half of all the cases of digestive disease. In fact, three-fourths of the deaths from these diseases were furnished by a group containing less than one-fifth of the total number of children. In other words, the death rate from diarrhoea and enteritis was twelve times as high among children using animal milk and milk substitutes as among the children nursed directly by their mothers. The superiority of maternal nursing had already been proved abroad, particularly in England and France where comparisons between the results of the two systems of infant feeding had been made.

The decline in the death rate from the digestive diseases began when the pure milk campaigns were inaugurated. Deaths under two years of age due to diarrhoea and enteritis fell in the original registration area of the United States from 116 per

100,000 of the population in 1908 to 44 in 1920—a reduction of 62 per cent. It is estimated that even in the latter year approximately 47,000 children, four-fifths of them under one year of age, died of these diseases. In 1933 the total number of children under two years of age dying of diarrhoea and enteritis was 15,706 or approximately one-third of the army that died in 1920. A decline such as this indicates the vigor of the program to place infant care and feeding on a scientific basis.

Formerly the highest death rates from these diseases occurred in such industrial cities as Fall River, Lowell, and other mill towns of New England, but the preventive program has penetrated to each of them so that the infant mortality rate of these cities is but slightly larger than the average for the United States as a whole. In addition, the problem has been a serious one owing to the high proportion of ignorant, non-English-speaking people living and working in these cities.

The distribution of the digestive diseases throughout the year is a significant indication of the factors that are at work. In the case of no other children's disease does the death rate fluctuate so violently from month to month. However, this fact holds only for that part of the United States where hot summers alternate with cool or rugged winters. The comparative death rates for the different months of the year for the entire country are given in the table on page 78, and they show relative differences approximating those that existed before the preventive program was well established. The absolute number of cases, however, is now so small as to show that a great achievement has been made.

During the winter months when milk does not easily become overheated and disease-bearing germs therefore cannot multiply very rapidly, the death rate from these diseases is at a minimum. The lowest rate is for December and the highest for July, the latter being more than three times the former. The fact that these diseases are due largely to the consumption of contaminated milk rather than to the excessive heat indicates that continued reform is necessary before we attain the

PROPORTION OF DEATHS FROM DIARRHŒA AND ENTERITIS
(Monthly Average Is 100)

MONTH	PROPORTION	MONTH	PROPORTION
January . . .	60 0	July . . .	185 0
February . . .	56 5	August . . .	170 0
March . . .	57 5	September . .	148 4
April . . .	60 2	October . . .	117 4
May . . .	83 2	November . .	71 7
June . . .	133 1	December . .	56 0

ideal situation, which is the elimination of these diseases altogether. Popular knowledge in respect to the necessity of clean milk, clean bottles and nipples, and of protection against germ-laden foods has become sufficiently general to bring about the great change that distinguishes the death rates in 1900 from those in 1933.

The digestive diseases remain a problem after the first year of life, since the period of maternal nursing often occupies a span of from nine to twelve months. Even the ignorant mother, if she nurses her child, runs but little risk so long as the child does not drink commercial milk. After the weaning period, the mother who is unaware of the dangers of low-grade milk inflicts disease on her child and may cause its death. Ignorance has become the chief social factor responsible for the persistence of the digestive diseases. Poverty, however, has kept many parents from procuring and properly preserving the milk and other foods necessary for their babies and small children.

c. Respiratory Diseases.

These diseases, although they have declined in absolute importance, continue to maintain a fairly constant proportion of all infant deaths. The most important ones are bronchitis, broncho-pneumonia, pneumonia, and influenza. The first of these is the most fatal and ranks immediately behind the diseases of early infancy. As is indicated in the table previously given, more than 30 per cent of all deaths from this cause occur before the end of the first year of life. During the next four

years, however, the mortality is comparatively low and only about 10 per cent are added to the death roll. The bulk of the cases occur during the winter months when the fatality rate is approximately nine times that in the middle of summer. This disease still has a very high "case fatality" rate and efforts to check it have not been strikingly successful. Much remains to be done.

Acute bronchitis attacks both the very young and the very old. Nearly one-half of the deaths from this cause occur to children under one year of age. Approximately two-thirds take place during the first five years of life and most of the remainder occur after the forty-fifth year. Again the winter months are the most unfavorable and are responsible for the majority of deaths.

All of the respiratory diseases resemble each other in respect to the general causes therefor. Undue exposure to inclement weather, raw winds, and sudden changes in weather conditions are the most important causative factors. In addition, improper ventilation and an insufficient amount of fresh air weaken the small child so that it falls an easy prey to adverse climatic conditions.

d. Epidemic and Communicable Diseases.

Among the most fatal of these diseases is whooping cough. Formerly more than one-half of the deaths from this cause occurred before the child was one year of age and most of the remainder during the second year. In fifteen years a considerable shift in the age incidence of the disease has occurred and in 1933 less than one-fourth of the deaths occurred among children under one year of age. Each succeeding year contributed somewhat similar proportions so that 95 per cent of all deaths from whooping cough were among children under five. The disease is most common during the summer and autumn months, and at present is found more frequently in the rural sections than in the cities. The reduction of the number of cases in the cities is partly due to the systematic inspec-

tion of school children. The disease therefore does not spread as it did formerly and is not carried home to the children of pre-school age who became the innocent victims of contagion. Greater precautions are now being taken than ever before and frequent quarantine also prevents the spread of the disease. Nevertheless more than 4,000 deaths from this disease are recorded annually.

e. Diphtheria.

This former terror of childhood is rapidly being subjected to control by modern scientific discovery. An extremely malignant disease, it has nevertheless been forced to yield to specific treatment. Before the introduction of antitoxin in 1895 the percentage of diphtheria cases that proved fatal was almost unbelievable. In 1891 the figure for Brooklyn was 63.6, in 1894 for Baltimore, 74; and for many other cities 35 per cent and upwards. Chicago's experience with antitoxin proved the advantage of early treatment. During the first ten years that the serum was used, it was discovered that if antitoxin was administered on the first day of the disease, the mortality rate was less than one-third of one per cent, and that each day of delay increased the mortality. If nothing was done until after the fourth day, the treatment had but little value. Accordingly the immediate treatment of the disease with adequate doses of antitoxin became the accepted medical practice. The general result of the widespread use of this specific for diphtheria is the reduction of the case fatality rate to 5 per cent and under the best conditions to an even smaller figure. For example, in the Bellevue-Yorkville Health Demonstration in New York City, 53 cases of diphtheria were reported during the first ten months of 1933 but not a single death occurred. An almost perfect record in recovery from the disease is now possible.

The secret of success in dealing with diphtheria is immunization against the disease. Probably the most desirable first step is the application of the Schick test which ascertains the susceptibility of the child to diphtheria. In most communities

about 60 per cent of the children under fifteen years of age are found to be susceptible. There is, however, some difference among the races in this respect. Negro children apparently are somewhat more immune than the white.

The next step is the actual immunization of all susceptible children. Since our figures show that more than one-half of the deaths from diphtheria occur to children under five years of age, it is important that the preventive treatment be applied as soon as the child is physically ready for immunization. A serum known as toxin-antitoxin has been compounded for this purpose. Its effectiveness has been well established, since very few children inoculated with this serum contract the disease. Dr. S. W. Wynne, former Health Commissioner of New York City, has said, "If we are able to have every child immunized immediately upon reaching his ninth month, it will not be long before diphtheria will be classed as one of the rare diseases."¹

Diphtheria prevention campaigns in many cities have greatly reduced the number of cases. Either through the schools or through the local child welfare centers, the health department has successfully immunized a large proportion of the children under ten years of age. In three years New York City alone immunized more than 500,000 children. In other cities similar drives have been in operation. Although both the preventive and curative sera are somewhat costly, the public health program has considered the elimination of the disease more important than the economic aspects of the problem. Accordingly liberal provision has been made for the distribution of antitoxin to physicians; private charity also has provided aid and service, and free immunization has been afforded to thousands of children without painstaking investigation of the exact income of the parents. This is as it should be, since life and health are considerations entirely too important to be determined by mere financial situations.

¹ California Department of Public Health, *Weekly Bulletin*, January 13, 1934, p. 198.

A factor of no mean importance is the discovery of the communicating medium. Contaminated milk and other unclean foods may serve as carriers of diphtheria. Adequate pure food laws and the prompt and efficient inspection of all potential carriers are additional measures of safety and reach the sources of the disease. Since milk is an important carrier of the diphtheria germ, pasteurization of milk or the production of milk under guaranteed conditions is an effective preventive. Human carriers of the germ should, as far as possible, be kept from making close contacts with children or from infecting milk or milk products.

Climate has some influence over the prevalence of the disease, since it is more common in the North than in the South and more prevalent in winter than in summer.

f. Other Epidemic Diseases.

Among the most contagious of all diseases is measles. Fortunately the case fatality is very low—probably not more than one-half of one per cent. One reason for the uncertainty is the fact that hundreds of cases are never reported to physicians or the cases are so light that the disease is not recognized. It is believed that approximately 90 per cent of the population under twenty years of age have had an attack of measles, but in spite of this belief, the records of health departments do not reveal more than a small proportion of the cases that have occurred.

More than two-thirds of the deaths due to measles occur among children under five years of age, and the second year of life is apparently the period when resisting power is at its lowest. On the other hand, the disease is actually more prevalent among children from five to fourteen than among the younger groups. The season of its greatest prevalence is from March to June, and the cases fluctuate greatly from year to year, two-year cycles being common in many parts of the country.

With the quarantine of institutions for small children, some gain in preventing the spreading of the disease has been made.

On the other hand, general quarantine or placarding has accomplished but little because, under the threat of quarantine, many families refuse to report a case and as a result the disease continues to spread. The writer remembers a neighbor whose children had contracted measles and who telephoned a doctor but did not allow him to visit the home. The doctor made some suggestions, but not having seen the children the cases were not reported. In a few days the children were on the street with the result that other children in the same block soon suffered from the same "peculiar" disease. The handling and treatment of cases, however, has become more effective, thus decreasing the number of fatalities. In 1920 there were approximately 9,400 deaths from measles in the United States, in 1933 the number had fallen to less than 3,000.

Another highly contagious disease is scarlet fever. It does not generally occur among infants, but three-eighths of the deaths occur among children under five. In the cities approximately 85 per cent of the cases are found among children under ten. The period of greatest prevalence is during the late winter months. The case fatality rate is several times that of measles, but owing to the greater precautions in preventing its spread the number of deaths therefrom is slightly less. The disease frequently leaves very serious after-effects, the most important of which are impaired hearing, total deafness, and impaired eyesight. In view of these results it is particularly important that the disease be carefully handled and controlled. An attack of scarlet fever usually confers subsequent immunity, but second attacks occasionally occur.

Scarlet fever is spread by means of contact with infected persons or with soiled clothing, but a particularly close relation exists between the disease and the use of contaminated milk or milk products. Scarlet fever is practically unknown in countries in which cows' milk is not used. In the United States during a period of six years, thirty-four out of 258 milk-borne epidemics were charged against scarlet fever.¹ Pasteur-

¹ White House Conference, *Milk Production and Control*, p. 5.

ization and improvement of the milk supply are therefore important preventive measures. Since susceptibility can now be determined, it is important in case of an impending epidemic to immunize exposed individuals. Careful examination of school children accompanied by isolation of suspected cases and segregation or quarantine of incipient cases will greatly reduce the prevalence of the disease. Individuals differ from each other in capacity for successful resistance, but in any case better nutrition and proper food are necessary to equip growing children for the ordeal of resisting this and other diseases.

Among other diseases deserving mention are meningitis and poliomyelitis or infantile paralysis. The former is a very virulent disease and the case fatality is comparatively high. On the other hand, it is not highly contagious so that the number of cases is small. Most of the deaths occur among children and young people.

Infantile paralysis is misnamed since the disease attacks persons of all ages and has in recent years spread among young adults and even among middle-aged individuals. It is mildly contagious and occurs principally in the summer and early autumn. Epidemics tend to occur and recur but with no definite intervening period. Case fatality has varied from 25 per cent in New York in 1916 when more than 2,000 persons died to less than 2 per cent in Los Angeles in 1934. Although little is known about the sources of infection, prompt segregation of cases and effective medical care have produced very satisfactory results. Serum treatment also promises convalescence without the deformities that formerly accompanied recovery from the disease. At present the menace of infantile paralysis consists not so much in the fatalities that are occasioned as in the permanent crippling that tends to result therefrom.

3. General Considerations.

The recent history of infant mortality clearly indicates that many of the contagious children's diseases of the last genera-

tion are rapidly submitting to control, and hopes exist for the elimination of some of them altogether. Medical science and bacteriology have accomplished much to bring about this desired result. No longer need the parent worry over the imminence of his child's death from the dread diseases that decimated so many of the families of the older generation. Much, however, remains to be done.

The diseases of early infancy still baffle the knowledge of medical and social science. Some of the factors are known and can be eliminated, but in the case of others the preventive campaign has made but little progress. The extent to which inferior heredity is a factor has not been determined. Some eugenists see in these diseases the selective processes at work and believe that deaths in these cases are not a social disadvantage but will promote the evolution of a stronger and more sturdy race. On the other hand, social scientists insist that death rates shall first be reduced to the minimum and that the eugenic program can then proceed from that point.

The efforts to eliminate the diseases of the digestive system have made rapid progress. Here we have a social program rather than medical service to thank for the rapid decline in mortality that has occurred. That a large proportion of current deaths are preventable is still undoubtedly the case. The disproportions between the summer and the winter rates persist and warn us that ignorance, indifference, and impure milk remain as factors with which it is necessary to deal.

The slow decline in the death rates from the respiratory diseases suggests the necessity of greater diligence in the promotion of a preventive program. Children with poor physique suffering from malnutrition and general lack of medical care become an easy prey to these diseases. Climatic conditions cannot be controlled, but a better adjustment to them is possible and would be forthcoming if the menace of poverty and ignorance could be allayed.

The communicable diseases can and should succumb to the enlightened methods of a modern public health program. No

longer is it necessary for everybody to have been afflicted at one time or another with any one of these diseases. Such a doctrine is out of date, and the sooner we recognize that these diseases can be stamped out entirely, the sooner the deed will be done.

In spite of these hopes, the common communicable diseases of childhood still attack the great majority of people. A recent study based on the experiences of approximately 40,000 persons revealed the fact that by the time these individuals had reached the age of twenty, 89 per cent had had measles; 77 per cent, whooping cough; 72 per cent, mumps; 52 per cent, chicken pox; 11 per cent, scarlet fever; 10 per cent, diphtheria.¹

In harmony with these facts it has been discovered that the average school child loses about seven days per school year because of illnesses of various kinds and that the number of illnesses per child slightly exceeds two. In the study of Missouri school children by the United States Public Health Service the frequency of disabling diseases followed this order: colds, influenza, measles, mumps, toothache, scarlet fever, chicken pox, tonsillitis, whooping cough, and pneumonia. In a similar study made in Hagerstown, Maryland, the relative frequency of the diseases differed considerably and was as follows: colds, headache, diseases of nose and throat, influenza, toothache, measles, diseases of ear, diseases of eye, and diseases of skin.

On the basis of these and other investigations it has been estimated that 24,000,000 school children lose 170,000,000 days per school year, and the total number of illnesses for the entire year will range from fifty to sixty million.

Figures such as these indicate that, even though the death rate has declined, an enormous amount of illness continues to sap and undermine the strength of children and to prepare them for the more serious and insidious diseases. The need of better health education and of an effective public health program remains quite apparent.

¹ Mills, Alden B., *The Extent of Illness in the United States*, p. 10.

QUESTIONS FOR ADDITIONAL STUDY

1. What tests are applied to discover tuberculosis?
2. Study progress in the treatment of poliomyelitis.
3. Which diseases of children are considered communicable and reportable?
4. How rigid are requirements for isolation of such diseases in your community?
5. How can the social and the medical programs for combatting children's diseases be coordinated?

SELECTED REFERENCES

- Mills, Alden B , *Extent of Illness in the United States*, 1929.
Moore, H. H , *Public Health in the United States*, 1927.
Myers, J A , *The Child and the Tuberculosis Problem*, 1932.
Steel, E. W , and White, Ella G., *Hygiene of Community, School, and Home*, 1932, Chaps 4, 5, and 9.
United States Children's Bureau, Publication No 132, *Causes and Prevention of Neonatal Mortality*, 1929
United States Public Health Service, Public Health Reprint 1275, *Age Incidence of Common Communicable Diseases of Children*, 1929.
White House Conference on Child Health and Protection,¹ *Communicable Disease Control*, 1931.

¹ For the sake of brevity subsequent references to this organization will be given as "White House Conference."

CHAPTER VI

METHODS OF PREVENTIVE WORK

1. Maternal Nursing and Proper Feeding.

Nature seems to have intended mothers to nurse their babies rather than to use milk substitutes! Unfortunately, the well-to-do mother of a previous generation conceived the idea that maternal nursing was plebeian and contrary to good taste, and as a result the practice of artificial feeding became increasingly popular. The bad effects of substituting cows' milk, milk products, and solid food for mothers' milk were not known. Therefore no strong counter-movement was possible for many years. Other conditions have also interfered with maternal nursing. For example, when insufficient space of time elapses between repeated pregnancies, it becomes necessary to wean the child prematurely. Often ill-health or disease lessen the quantity of mothers' milk and make nursing impossible. Also in case of dire poverty mothers are required to enter some gainful occupation too soon after the birth of a child; they cannot afford to remain at home to nurse the baby. These and other causes have operated to prevent maternal nursing and have necessitated the use of substitute foods.

A movement to restore maternal nursing was begun in France in 1876 when a society was formed to aid mothers so that they might be privileged to nurse their children. The organization also taught the desirability of wet nursing, in case mothers could not or would not nurse their babies directly. In the United States this movement began with the establishment of milk stations and baby clinics. Physicians and medical agencies believed that maternal nursing was superior to artificial feeding but lacked the proof that exists today. Certain facts, however, were known or recognized at the beginning of the twentieth

century. Usually the breast-fed child was healthier and more vigorous than the bottle-fed child. Often the latter suffered from disease while the former, even in crowded and unsanitary sections of our large cities, seemed to be immune.

The extent to which breast feeding is the present practice in urban communities has been ascertained by the Federal Children's Bureau. In its studies of infant mortality it obtained the feeding history of nearly 23,000 infants. According to its figures 86.7 per cent of the babies were exclusively breast-fed during the first month of life. The proportion declined with each passing month but exceeded 50 per cent until the beginning of the seventh month. In addition many babies were partly breast-fed, the percentage rising from 3.1 in the first month to 44.6 in the twelfth. The exclusively artificially fed totalled 10.2 per cent in the first month and rose to 42 per cent in the twelfth. The Bureau in summing up the types of feeding for the first nine months of life said that of the 192,212.5 months lived by the infants, 57.4 per cent were months of breast feeding, 17.6 per cent were months of partial breast feeding and 24.9 per cent were months of artificial feeding.¹ Since these figures are based on the total number of births recorded in the cities studied, a fairly accurate cross-section of American habits in respect to infant feeding in our smaller cities was obtained. Among the wealthy without doubt breast feeding is less popular than among the poor. The former are able to obtain the best substitutes for human milk, while the latter suffer a serious handicap since the cost of safe artificial feeding is beyond their ability to pay.

The advantages of breast milk are many. It is adapted to each essential need and changes its quality as the child grows older and requires heavier food elements. Under normal conditions it is easily digested, since it is the food that nature has provided. It is free from bacteria and safeguards the child against diarrhoea and other digestive diseases. It contains the vitamins most needed and the minerals required for bodily

¹ Publication No. 142, *Causal Factors in Infant Mortality*, pp. 88-89.

growth and strength. It apparently lessens the tendency to contract certain children's diseases.

In spite of the superiority of breast milk, babies after a few months usually require the addition of other foods, particularly those that contain vitamin D, which is not found in sufficient quantity in mothers' milk. Accordingly, supplementary foods containing the needed elements must be given. The welfare or postnatal clinic must advise mothers and, if breast feeding does not produce satisfactory results, determine what the individual needs may be. The most recent program, therefore, does not insist on the exclusive use of mothers' milk, but makes a careful analysis of the adequacy or inadequacy of maternal nursing and advocates the addition of clean cows' milk or often of milk substitutes. The supplementary foods must be carefully prepared and mothers must accordingly be instructed in the proper use of such foods.

Milk substitutes cannot be successfully used without expert guidance and therefore, unless mothers are in contact with baby welfare clinics or enjoy the advice of a competent private physician, breast feeding for the very young infant should remain the standard practice. American philanthropy has emphasized maternal nursing and the consequence of this instruction has been a greatly increased practice of such nursing by mothers throughout the nation

2. Prenatal, Natal, and Postnatal Care.

Prenatal care is necessary to prevent or reduce the high maternal mortality that obtains in the United States and also to lessen the number of deaths due to diseases of early infancy. So little gain has been made in respect to either of these social conditions that a vigorous prenatal program has been necessary. In the near future the most significant decrease in infant mortality must be obtained by reducing the death rate from this group of diseases.

The importance of prenatal and natal conditions has already been indicated in a previous chapter. It now remains to suggest

general methods of dealing with these problems. So-called prenatal work was first begun in New York City in 1908 and a similar service was started in Boston in the following year. The value of such work had to be demonstrated statistically, and therefore during the initial years of prenatal care many attempts were made to evaluate the work in terms of reduced infant mortality and stillbirth rates. These analyses proved very conclusively that the infant death rate was reduced approximately 50 per cent among the groups responding to prenatal service.

The educational campaign of the Children's Bureau and of other agencies brought about a rapid increase in the number of prenatal clinics. These were at first largely conducted in connection with hospitals but later also with infant and child welfare centers.

The White House Conference studied the health work of sixty cities and reported that in forty-six prenatal clinics had been established. In only twenty-nine cities, however, were the clinics entirely under public control. Other figures gathered for the Conference indicate that in the country as a whole the majority—52 per cent—of the clinics are conducted by non-official agencies. The recommendations of the Committee on Public Health Organization of the Conference were to the effect that the "official health agency in every community should advocate medical supervision of all prenatal cases and promote this through conferences and field nursing service along the recognized standard lines."¹

During the life of the Federal Maternity and Infancy Act—1922-29—hundreds of permanent prenatal centers were established in rural and semi-rural areas. In spite of the large number of agencies engaged in the service, it appears that the number of mothers served through them represents but a small proportion of the mothers of the country; therefore the recommendations of the White House Conference are most timely and pertinent.

The method of prenatal care should be substantially as fol-

¹ White House Conference, *Public Health Organization*, pp. 241, 283.

lows: pelvic measurements before the seventh month in the case of primipara; Wassermann tests when advisable; minor tests and examinations from month to month; instruction in the hygiene of maternity and in principles of infant care, and such additional supervision as may seem necessary. Proper diet is a most important essential. An expectant mother must regulate her diet intelligently both as to amount and kind of foods and must be certain that they contain extra amounts of minerals and vitamins. She needs to consume foods that will insure the development of the bones, teeth, mentality, and bodily vigor of the child. Overeating is undesirable and may lead to an abnormal physical development on the part of the baby. Stimulants and narcotics, of course, should be avoided. The clothing worn should impede the free movements of the body as little as possible, but protective devices should safeguard a woman against the distortions that frequently accompany an unsupervised pregnancy. Exercise is necessary but overwork deadly; therefore gainful occupation should if possible be avoided and the heavier tasks in the household taken over by other members of the family. Fresh air, sleep, and rest are additional essentials and among the sources of enjoyment there should be peace of mind. The pamphlet by the Federal Children's Bureau, *Prenatal Care*, is an excellent guide and is being widely used not only in prenatal clinics but as educational material for mothers directly.

Prenatal care catches any indications of ill-health that may develop and enables doctor or nurse to remove whatever morbid conditions may exist. It discovers such dangers as venereal disease, tuberculosis, and other debilitating or toxic conditions, and can in many instances nullify the evil effects therefrom. In a majority of cases syphilis can be so treated that fatal consequences for the foetus can be avoided and a fairly healthy child produced. After several months of supervision, prospective mothers usually discover that they are feeling fine and become better prepared for confinement—an ordeal that is not only natural but safe in more than 90 per cent of all cases.

The supervision begun with the expectant mother cannot logically cease until the child is well beyond the dangers of the diseases of early infancy. Therefore intranatal and postnatal care must also be given. Such care has heretofore stressed the needs of the child rather than those of the mother, and consequently has not sufficiently protected the latter against the diseases and disabilities which weaken her and in turn injure both her own health and that of her child.

The hospitalization of the majority of maternity cases is generally desirable, but the costs of the service have been prohibitive. Recently a number of hospitals have announced special rates for confinement cases and have tried to bring the cost down to a point which could be met by the lower but independent income groups. Pending a reduction of hospital charges, home care under the guidance of competent physicians and nurses is the best alternative. Even the midwife must still be retained as a factor in the program of medical care, because she is less expensive and, if she is trained and efficient, she fills a niche for which philanthropy has as yet provided no other substitute. All complicated cases, however, should at once be placed in the hands of competent physicians and a social service plan prepared which will prevent exorbitant charges.

Prenatal care is conducted in a variety of ways. Mothers' classes with nurses in charge can do much to instruct mothers regarding the proper care of themselves and the various items that enter into an adequate program of child care. Among these items are: the value of maternal nursing, the technique of nursing, the preparation of substitutes for human milk, proper foods for very young children, care of the eyes of children, standards in respect to sleep, clothing, ventilation, and cleanliness. Among the underprivileged, ignorance of the principles of maternal and infant care is appalling; little is known of the invigorating properties of fresh air; the value of outings is not appreciated; crooked legs and other deformities are not charged against improper feeding or care; many babies are still bundled into swaddling clothes, the value of baths is not recognized;

many children are not dressed according to the needs of the season. A follow-up service which will prepare mothers for the many postnatal problems that she must meet is a most important factor in the reduction of infant mortality after the first month of life. It will reduce the seriousness not only of the diseases of early infancy but also of the diarrhoeal and communicable diseases, which can be largely prevented by proper feeding and enlightened care. Again the Children's Bureau has a pamphlet, *Infant Care*, that is helpful to mothers, written in such language that it can be appreciated by individuals of average education.

3. Maternity and Infancy Act.

In 1922 Congress passed a law providing for federal aid to the states in their attempts to reduce infant and maternal mortality. The annual federal appropriation amounted to approximately \$1,000,000 and was apportioned to the states according to conditions that required certain additional appropriations by the states themselves. Three states remained adamant, and by refusing to meet the conditions set forth in the law failed to receive their share of the appropriations. The act was administered by the Children's Bureau which constantly kept in close touch with the work of the various states.

In order to become eligible for federal aid the states were required to organize a child hygiene division or its equivalent in their state health departments and to provide for machinery through which the law might be carried into effect. In addition each state before receiving its appropriations was required to present its plans for preventive work to the federal authorities. Examples of state organizations are the following: one state with an annual budget of \$48,000 employed a physician as director, five nurses, two office assistants, and paid part of the salaries of twenty county nurses. In addition volunteer work was given by thirty-six physicians. A second state with a budget of \$17,000 employed a nurse as director, three other nurses, one inspector of maternal and infant homes, and two

office assistants. The volunteer assistants included 120 physicians, 94 dentists, 20 nurses, 392 lay workers.

The variety of activities carried on in the effort to reduce maternal and infant mortality and promote the health of children under six years of age include the following:

- Prenatal conferences, conducted by physicians
- Prenatal conferences, conducted by nurses
- Child health conferences
- Examination of children for physical defects
- Dental examinations of pre-school children
- Permanent prenatal and child health centers established
- Classes for girls in care of infants and pre-school children
- Classes for mothers
- Family health conferences
- Midwives' classes
- Home visits by nurses
- Community and group demonstrations
- Nutrition service
- Surveys of birth registration, hospitals, and maternity homes
- Courses in child hygiene given in normal schools
- Exhibits showing preventive work
- Inspection of maternity homes
- Lectures and addresses
- Distribution of literature
- Information on prenatal care sent to expectant mothers
- Correspondence courses
- Promotion of maternal nursing
- Courses for physicians and nurses.

The federal Maternity and Infancy Act was in operation from 1922 until 1929; during these seven years it greatly stimulated the work of the states in the activities listed in the preceding table. Nearly 5,000,000 mothers, infants, and pre-school children were reached; 2,978 permanent prenatal and child health centers were established; approximately 20,000 classes for girls, mothers, and midwives were conducted, and an immense educational program launched. Entirely apart from the practical consequences in reducing infant and maternal mortality, the law developed a new psychology and a new

attitude which will in the long run produce continued favorable results.

Further aid from the federal government was delayed until 1935 when the Social Security Act, which provided the country with the beginnings of a social insurance system, was passed. This law restored federal aid to the states and has again made possible a larger program for the promotion of maternal and infant hygiene.

4. Training and Control of Midwives.

Before the recent industrial depression, midwifery was on the decline. A larger number of expectant mothers were being hospitalized or given home care through the out-patient departments of both public and private hospitals. The depression made costly confinements impossible, with the result that many women turned once more to the midwife for service. Many of the midwives, however, are ignorant women, with no knowledge of the germ theory and no appreciation of the importance of absolute cleanliness. Some are old, some are extremely untidy, others lack a full equipment of instruments, and only a small percentage are well trained and thoroughly efficient. The White House Conference estimated the number of midwives in this country as approximately 47,000, but indicated that many of them attend only two or three cases a year and therefore do not get much practice. It concluded that approximately 15 per cent of the births in the country are attended by midwives and that the proportion varies from 40 to 50 per cent in certain Southern states to none in others. In several states midwifery is prohibited. In Europe, on the other hand, more than 80 per cent of all confinements are attended by midwives, this fact being due partly to tradition and partly to the inability to afford the services of a physician.

In spite of the inferior training of most midwives, the high maternal mortality in the United States cannot be charged against their carelessness or inefficiency. Europe, of course, has trained midwives and the low maternal death rate in many

European countries may be partially due to the competence of these women. Although the majority of Negro midwives are ignorant, the number of maternal deaths reported in their practice compares favorably with that of the physicians. In order to safeguard the life and health both of the mother and of the child, many states have provided for some supervision or training of midwives. At present, however, there are only two midwife training schools in the country, situated in New York and Pennsylvania. Many states have improved the local situation by giving short courses of instruction either directly through the state health department or through the county or city organization. In view of the fact that there are practically no schools, to require a complete course of training would be inconsistent and stupid.

. State legislation for the control of the midwife ranges from no license or control whatsoever to the comparatively stringent measures adopted by such states as New York, New Jersey, and Pennsylvania. The Pennsylvania law passed in 1929 contains the following provisions: ¹

Midwife must be licensed by state board of medical education.

Previous to granting of license, she must pass a special examination.

Applicant for license must present proof of graduation from an approved school of midwifery, or that she attended under the instruction of a physician twenty cases of labor and had the care of twenty mothers and their new-born babies for a period of seven days. Three of these mothers must be primiparas.

Inspection, supervision, and control of midwives is made a duty of the state department of health.

Five physicians shall be appointed as inspectors.

This law does not apply to Philadelphia and Pittsburgh, in which cities rigid local ordinances are in force. The New York state law requires the midwife to have graduated from a school of midwifery or to have attended fifteen cases of labor under the guidance of a physician. Complaints of maternal deaths and of cases of ophthalmia neonatorum must also be investigated to

¹ White House Conference, *Obstetric Education*, pp. 185-186.

determine whether a midwife has been negligent or not. New York City and Rochester are covered by more drastic laws.

In some states the midwife is required to register, but no qualifications except those that may be required by the department of health are imposed on her. Usually in such states the local health board adds such regulations as the situation seems to require. Owing to the absence of training facilities, these rules must be comparatively simple. It has been suggested that special efforts be made in the South to train Negro midwives, since a larger field of activity would thereby be opened to the Negro nurse. It is certainly true that the system of midwifery is likely to continue in that part of the country for many years to come.

5. Better Preparation for Parenthood.

A preventive program must begin before a woman becomes an expectant mother. It must begin early enough to enable the prospective parents to guard against both pre-conceptional and post-conceptional dangers. Eugenic considerations should enter the problem and individuals who are certain to give birth to weak and sickly children should either refrain from parenthood or become assured of their ability to transform an inferior infant into a healthy, mentally capable child.

a. Pre-Marital Examination.

An examination of individuals about to marry constitutes a much-needed reform. In some states, notably Wisconsin, a physical examination is required of every male not more than fifteen days before marriage, in order to discover whether or not the individual is free from venereal disease. If not, a marriage license is withheld until reasonable health has been restored. The law does not apply to women and for this reason has been severely attacked in the law-making bodies and in the community at large. The results achieved under the law have been measurably good, but have not reached the expectations of its more sanguine supporters. Nevertheless a beginning such

as this is necessary to establish the principle that no person physically unfit to marry shall be permitted to do so. In approximately twenty states the law forbids the marriage of persons having venereal disease, but in most of these the method of enforcement is faulty and practical results are not obtained. In some states the law merely requires the applicants for a marriage license to present affidavits that they are not afflicted with venereal disease. Such a law is meaningless, since it does not require expert evidence and does not necessitate the granting of a medical certificate as to fitness for marriage. Such a certificate is now required by law in eight states. Gradually this plan must become universal.

Provision is made in three states that no person afflicted with tuberculosis may marry. In three additional states the law states that no one may marry who is suffering from any transmissible disease. Unfortunately these laws cannot easily be enforced and therefore but little has been accomplished by them. In addition to legal provision for physical examination before marriage, sentiment in favor of voluntary examinations is gaining ground and many individuals now obtain medical certificates of fitness, both to reassure themselves and to satisfy or please the parties they expect to marry. The value of physical fitness as a preventive of maternal and infant mortality, of diseases of children, and of physical defectiveness in one's offspring is a principle of eugenic improvement and needs wider support.

b. Training of Youth for Parenthood.

Our educational system is sadly out of joint with the needs of the day. Past emphasis on literary education and more recently upon training for financial success has left the average school boy and girl without knowledge of many of the fundamental problems of life, particularly those relating to sex, marriage, parenthood, the care of children, and the parent-child relationship. In respect to these important problems, our youth are usually required to learn the most important lessons in the

school of experience, often with serious consequences. Many girls are kept ignorant of the facts and the significance of maternity, and when suddenly informed are completely overcome. Those who have obtained a skeleton of knowledge concerning these subjects have usually done so not through the schools but from other sources. Boys know but little about the necessity of clean bodies and physical fitness as prerequisites of safe parenthood.

Training for parenthood is a simpler problem than formerly, because in many parts of the United States the majority of the children now not only finish the elementary grades but enter the junior or senior high school as well. It was not possible to reach the youth of yesterday, because subjects relating to parenthood could not be taught conveniently in the elementary schools. Until they have attained a certain age and some degree of physical and social maturity, our youth cannot be expected to become interested in problems of marriage and family. However, we have studiously refrained from giving instruction in these subjects and have therefore created an atmosphere of unwillingness to know or to learn.

Our attitude has been so unwholesome and our picture of life for youth so unreal that many children refuse to enter classes that deal with household arts, family, domestic economy, and similar subjects. A new tradition must be created and a new view instilled into the minds of young people. The desire to know about home, children, infant care, household management, sanitation, foods, and hygiene must be cultivated by high-school boys and girls and appropriate instruction given. To some extent domestic science has suffered from lack of appeal because in many cities it dealt too exclusively with the kitchen and dining room. As the subject is expanded into a complete economy of household management it inevitably gains in prestige and popularity. However, a militant attitude on the part of teachers can overcome much of the reluctance to enroll in courses of this type.

Many high schools of today realize this situation and are

revising their courses in an endeavor to meet the new issues that have presented themselves. Practical training is being introduced in subjects relating to etiquette, relations between the sexes, the physiology of reproduction, sex education, engagement, marriage, parenthood, and the care of children. That the task has just begun must be apparent to anyone studying the curriculum of our high schools, or to anyone visiting the classes conducted therein. No longer should we depend on departments of health to give instruction to our young girls and women in infant care and management. That task belongs to the schools and should be accepted without equivocation or reservation.

c. Education of Adults for Parenthood.

A considerable minority of school children will not pass beyond the elementary grades and will therefore be unable to avail themselves of the program that must be eventually developed through the high schools. This group can, however, be reached through the adult classes that are now being formed so frequently throughout the country. Apart from the temporary curtailment of these classes due to lack of public funds, this system will inevitably expand. It is necessary to educate and train the thousands who are unable to attend high school but who nevertheless have time and energy to add to the knowledge obtained in the elementary schools. Classes in adult education need not fear the criticism of silly and unbalanced parents but can deal directly and fearlessly with the problems that are basic to marriage, reproduction, maternal health, and infant hygiene. Perhaps the greatest handicap to successful work both in these classes and in those conducted in the high schools is the lack of adequate training on the part of teachers for the task that confronts them.

6. Social Improvement.

Since poverty and certain social conditions such as overcrowding, employment of married women in unhealthful occupations, overwork, and long hours are responsible directly for

much infant mortality, the remedy naturally lies in the elimination of these causes. The statement of the need, however, can more easily be made than the reforms instituted. The involuntary poverty of millions, if removed, would immediately result in the determination by its beneficiaries to surround themselves with wholesome conditions and influences. Most people do not want to live in hovels, nor eat decayed vegetables or food; they do not want to see their children become more and more emaciated and unfit for school or work; they want to give them life, health, and opportunity.

In view of the conclusions drawn by the Children's Bureau from the facts obtained in its investigations of infant mortality, it appears that certain social improvements are indispensable in order to reduce infant mortality to a minimum. Among these improvements is better housing. So long as a large proportion of the population live in overcrowded homes, education, prenatal care, and clean milk are not enough. Bad housing is itself a factor of no mean importance and must be eliminated. The theoretically accepted standard of at least one room per person (small infants excepted) should be made practical. Adequate provision for yard space, for air and sunlight should likewise be made. A better housing program cannot wait on increased income, it must be developed independently.

Expectant mothers should not be permitted to work in industrial establishments for a period of several weeks before confinement. Nor should they be brought back afterwards within six weeks or two months. That infant mortality is higher in case the mother is engaged in work away from home has been definitely shown. The fact that poverty or need have forced her to work is no proper alibi. Society should not make this type of demand on a pregnant woman. Several American states have enacted laws on the subject and many employers do not allow a woman to continue to work until life or health is seriously jeopardized. On the other hand, many foreign-born mothers have continued to slave until the last moment, often with consequences that proved disastrous. Again these laws are

mere palliatives and our economic system should make such risks quite unnecessary.

A system of health insurance would offer further protection to mothers and children. Delay in obtaining medical service at present is frequently due to inability to pay the fees required. If medical service were so arranged that the members of a family could obtain medical service on demand, there would be less hesitation, minor ailments would be remedied before they became major problems, prevention would tend to supplant cure, and expectant mothers would be in better physical shape than now to undergo the strain that the experience involves.

The necessity of eliminating poverty cannot be too strongly emphasized. In this country where our productivity makes possible decent standards of living for everyone, poverty represents a social lag that must shortly be removed. So long as the predatory interests block the path of progress, so long the goal cannot be achieved. Gradually if not rapidly, however, the aroused sentiment of the American people will sweep away the obstacles to a program of social reform and will bring about the improvement of the economic conditions of all.

QUESTIONS FOR ADDITIONAL STUDY

- 1 How can death rates due to digestive diseases be reduced during the summer months?
2. What are the chief obstacles to adequate prenatal care?
- 3 Pending the abolition of poverty, what preventive methods would you emphasize?
- 4 Among what groups is maternal nursing the best preventive?
5. How far can education in caring for small babies be made practicable?
6. Study methods for teaching "little mothers" in New York City.

SELECTED REFERENCES

- Committee on the Costs of Medical Care, *Medical Care for the American People*, 1932.
- Davis, M M, and Warner, A. R., *Dispensaries*, 1918
- United States Children's Bureau, Publication No. 4, *Prenatal Care*, 1930.
- , Publication No. 8, *Infant Care*, 1934.
- , Publication No. 62, *Minimum Standards for Child Welfare*, 1920.

United States Children's Bureau, Publication No. 153, *Standards of Prenatal Care*, 1934.

—, Publication No 154, *Standards for Physicians Conducting Conferences in Child Welfare Centers*, 1926.

—, Publication No 203, *Promotion of Welfare and Hygiene of Maternity and Infancy*, 1929 (Maternity and Infancy Act of 1921).

White House Conference, *Child Health Centers*, 1932.

—, *Health Promotion for the Pre-school Child*, 1932.

—, *Hospitals and Child Health*, 1932

—, *Milk Production and Control*, 1932.

Also references for Chapter V.

PART II
HEALTH AND RECREATION

CHAPTER VII

PHYSICAL HANDICAPS

1. Standards of Physique.

Next to life comes health. Without this no man can be industrially, mentally, and morally as capable as the normal man should be. The development of physique and vigor is, therefore, one of the great essentials of wholesome life, and every man should have the opportunity to achieve the maximum of which he is capable. Normal physical development is more important than mere height and weight. The tall Patagonian is not necessarily superior to the short Italian, nor is a heavy race superior to one of lighter weight. On the other hand, a man of normal stature is superior to the dwarfed specimen of his own race. So with strength and other characteristics. It is probable that the different races of the world each possess certain inherent normal proportions of physique, such as weight, height, lung power, shape of head, etc. The normal tends always to persist, but environmental influences may carry a people far from the original standard. However, when favorable conditions return, the people will rebound and the normal type again appear. Heredity gives us a standard for each race; environment causes the principal deviations therefrom. The social phase of this problem consists of surrounding each person with the forces which will insure to him the physique to which he is entitled, while the eugenic side consists of the problem of improving the standard.

Recent studies and observations of the physical conditions of children have indicated certain laws of development, and certain causes of physical degeneration. The boy baby weighs about eight ounces more at birth than the girl baby. Boys are superior in height and weight from birth until they are

about eleven and one-half years old, but at that age the girls overtake them and exceed them in both respects for a period of from two to three years. Then boys grow so rapidly that they again outstrip the girls, and from that time on are taller and heavier than girls. The rapid growth of girls precedes puberty by about two years, during which period of development many children grow as much as three inches in a single year. The boy of fourteen if allowed to work runs a great risk, for this is precisely the time of his most rapid growth. Before puberty the difference between boys and girls as to strength, pull, grip, and other physical powers is much less than afterwards. After this period the lines of development diverge, the male sex grows strong, but the female sex develops endurance, resistance, and the peculiar feminine powers at the expense of great physical strength. These several cycles of growth are most important in their relation to the permanent vigor and physique of individuals.

The actual development of adequate standards of growth is an arduous and difficult process. Nevertheless great advance has been made. Thousands of children have been weighed, measured, and other observations made in an endeavor to discover norms, ratios, and rates and characteristics of growth. These studies have relied somewhat too strongly on the saving power of the law of averages to discover usable standards. As a matter of fact, standards cannot depend on averages except as those averages are obtained from well-selected cases. Even then it is usually necessary to accept for observation children for whom no specified diet or regimen of life has been prescribed; that is, the children have not enjoyed that social control necessary to discover the effects of ideal habits of food, sleep, exercise, rest, work, and study. The generally accepted theory seems to be that children from the better-class homes meet these conditions and that their weights and measurements will yield reasonable standards. Better methods are not feasible at this time, nevertheless it is certain that the present ones cannot yield the positive results which we must eventually achieve.

The work that has been done to establish physical standards for domestic animals has accomplished much better results for its particular purpose than has been accomplished for children through tables of height and weight.

Anthropometric tables differ from each other in method of construction. The table of heights and weights used during the War by the Federal Children's Bureau quotes a definite height and also a definite weight for a particular age. Figures are given separately for boys and girls. Each figure represents an average and therefore gives the impression that the normal child should approximate these averages. Parts of the table are taken from measurements made for the American Medical Association by F. S. Crum. Other averages were borrowed from Holt and from Bowditch. A new table, however, was prepared from the data secured by the Bureau during its child-weighing campaign. This is based on the records of 167,024 white children and shows averages only.

Baldwin studied children both in eastern cities and later in Iowa, where as the former director of the Iowa Child Welfare Station he gave much attention to this subject. The norms he presented are based on well-developed children, and the standards known as coefficients are obtained by dividing weight by height. These norms, therefore, make allowance for natural differences among children. The relation between breathing capacity and height was also considered and included. Somewhat different in construction, but similar in that the relationship between height and weight was recognized, is the set of tables prepared by Baldwin and Wood. According to this table, a child of a certain height should vary somewhat in weight depending on his age. For example, a boy fifty inches tall should weigh fifty-eight pounds but may range from seven to twelve years in age ¹

The table permits so much leeway, however, that a normal boy of ten may vary from forty-seven to sixty inches in height and from fifty to ninety-one pounds in weight. The variations

¹ *Weight-Height-Age Tables*, published by American Child Health Association.

allowed for a fourteen-year-old boy are still greater. As a consequence weight-height ratios are not identical for given years, and a boy if small for his age will have a lower ratio than he will if above average height. Ratios, however, are not a sufficient standard of measurement since causes may operate to retard both height and weight, although malnutrition prevents the increase of weight more effectively than it does height.

Further experiments are being conducted and observations made in the hope that effective standards may be developed. The work accomplished so far represents a mere beginning and no table is presented with any claim of finality. Accordingly, importance is attached to the general appearance of the child regardless of the weight-height ratio and to the monthly and annual gain in height and weight. These changes are even more significant than conformity to some standard.

In some cities children on examination are rated according to their general physical condition. According to this scale, borrowed from Scotland, children are classified in four groups as follows:

1. Excellent—This represents a superior condition.
2. Good—Condition normal.
3. Poor—Children require supervision.
4. Very Poor—Children require medical attention.

These groups are sufficiently definite to make grading comparatively easy. Group 1 is distinguished from 2 in order to emphasize conditions of superiority and the members of groups 3 and 4 are usually designated as malnutrition cases.

2. Differences among Social Groups.

The physical conditions of the children of today are a pretty safe indication of the forces that are at work in the environment. Observations made many years ago by Quetelet were to the effect that wealthy children are larger than poor children.

Bowditch, in 1877, found the American-born pupils of selected schools in Boston both taller and heavier than the non-working English boys,¹ the difference in weight being greater, however, than that in height. He also showed that children of native parents were taller and heavier than those of foreign extraction. These differences he attributed partly to the greater prosperity of the old native stocks, partly to racial characteristics, but he also discovered that the children of native parents who were attending the higher schools were superior to the average children of the native classes. The chief difference was in height. He therefore concluded that lack of comfort was the principal factor responsible for this difference, and that poverty affected height more than weight.

Porter, in his study of St. Louis children, divided them into two groups, the children of manual tradesmen, and those of merchants and professional men. Between the ages of six and ten he found but little difference, but beyond this age the well-to-do child was decidedly superior, and at seventeen he excelled in weight by five and five-tenths pounds. Porter concluded that material prosperity and social status are important influences, especially after the age of ten. His comparisons also indicate that successful children are larger than unsuccessful ones and that poverty retards school progress.

Several studies made in Great Britain are very significant. One of these investigations dealt with children in schools attended only by the well-to-do; another was concerned with the inmates of industrial schools, recruited largely from the poorer classes. At ten the boys of the industrial schools were 10.64 pounds lighter and 3.31 inches shorter than the others, and at fourteen the differences were 21.85 pounds and 6.65 inches, respectively. A study of children in Edinburgh also revealed striking conditions, but that of 72,857 children in Glasgow is of the greatest significance. Using the standard established by the Anthropometrical Committee of the British Association,

¹ Bowditch, *The Growth of Children*.

the figures for the poorest districts were compared with those for the better localities. At ten the boys in the poor districts were 10 8 pounds and 2.9 inches below the standard, and at thirteen the deficiency was 11.1 pounds and 3 1 inches respectively. The average for all the children up to the age of fourteen was below the standard in both weight and stature.

Children were also classified according to the housing condition of the parents. Both in respect to height and weight the boys and girls from the one-room apartments were decidedly inferior to those coming from four-room apartments. Differences in weight ranged from twelve to fourteen pounds and in height approximated five inches. Such evidence clearly indicates the depressing effects of poverty.

Rowntree came to similar conclusions after his study of poverty in York. Gershal tells of the relative inferiority of dependent Jewish boys, and Boaz says that at five they are 1.6 inches below the normal, at eleven, 3 4 inches, and that at fifteen to sixteen they are nearly eight inches shorter. The evidence then seems adequate and conclusive.

The effects of bad environment are mainly two. First, we have physical deterioration and individual subnormality. Although the race standard does not necessarily suffer, the aggregate strength of a nation is impaired. Porter says, "A prolonged strain on a growing child harms for life and leaves a mark which can never be effaced," while Dr. Robert Hutchinson of England says that the child of ten to fifteen must have enough food or be stunted for life. Second, physical deterioration impedes mental and moral progress, strong children being relatively advanced in their studies.

Causes of degeneration register their effects in adult life, and while the child recovers somewhat from his handicap he cannot be entirely restored. The Jewish people are comparatively short—probably an inherent characteristic—but Ripley says that a difference in stature of three inches has been noted between the wealthy West-end and the poverty-stricken East-

end Jew of London. Environmental causes probably account for the major portion of this difference.

During the years 1893-1902, the British government examined 679,703 recruits, and rejected 234,914 outright—more than one-third—and about 20,000 later.¹ Whether higher or lower than formerly, this proportion of rejections when physical requirements were comparatively low indicates an unwelcome condition. Rejections were most numerous among volunteers from manufacturing centers such as Manchester. Lack of physical development, such as inferior chest measurement, and want of vital power were the chief causes of rejection; but among students volunteering, the decay of teeth was the principal reason. The British Inter-Departmental Committee on Physical Deterioration, which investigated this subject in 1906, denied that deterioration had taken place, but very wisely yet inconsistently called attention to the many causes of degeneration. It makes little difference, however, whether people have declined or have never reached their proper proportions. The effects are the same.

The physical conditions existing among the young men in this country were revealed during the War by virtue of the army tests. Out of over 3,000,000 men examined between December 15, 1917, and September 11, 1918, 70.41 per cent were classified as fit for general military service. The second group consisting of 2.76 per cent suffered from remediable defects and could by operations and treatment be restored to the first class. Another group comprising 10.58 per cent were distinctly subnormal but capable of some form of military service, while 16.25 per cent were regarded as entirely unfit and rejected outright. The third and fourth groups together constitute 26.83 per cent of the total number and represent serious deviations from the physical standards adopted for the army.² On the other hand, 53.2 per cent were without defects, and the total number of defects averaged 557 per 1,000

¹ Burke, Thomas, *The Forum*, Vol. 36

² Second Report of the Provost-Marshal General, p. 153.

men or slightly more than one-half of one defect per capita.

Army officials were interested in the physical differences that might exist between the men from rural and those from urban districts. Accordingly 100,000 city men were compared with a similar number from rural communities. The figures show that 21.68 per cent of the former and 16.89 per cent of the latter were rejected. The conclusion was drawn that a "considerable physical advantage accrues to the boy reared in the country." In view of the extension of the health program in cities since the War, a question arises whether results such as these would be obtained at the present time. Native-born men were also compared with those of foreign birth. In certain communities where the registrants were largely of foreign birth, rejections totaled 17.14 per cent, while in communities inhabited almost exclusively by the native-born the corresponding figure was 13.64—a marked difference in favor of the American. No significant difference, however, was discovered between the native-born of foreign parents and the men born of native stock.

Various studies of the physical standards of American children have been made. The Children's Bureau found most distressing conditions among the children in the mountain districts of Kentucky. The careful examination of a large number of school children in New York City yielded a malnutrition rate of 21.6 per cent and of pre-school children at health centers of more than 38. In rural Missouri nearly 30 per cent of the school children were 10 or more per cent below normal in weight, and in parts of rural New York 18 per cent of the school children were more than 10 per cent underweight. In other cities and rural communities more favorable conditions have been discovered. Nevertheless these studies disclosed a situation before the industrial collapse of 1930 that called loudly for change and improvement. They led to the calling of the White House Conference on Child Health and Protection, which prepared a vigorous statement relating to physical defects among American children.

3. Defects among Children in the United States.

The White House Conference estimated that among the 45,000,000 children in the United States the number suffering from significant physical defects were as follows: ¹

Blind children under 20	14,400
Partially-seeing children	50,000
Deaf children enrolled in schools	18,212
Hearing seriously impaired	300,000*
Defective in speech	1,000,000
Crippled	368,325
Crippled, needing special education	100,000
Tuberculous	382,000
Tubercular tendencies	850,000
Weak hearts	1,000,000
Serious organic heart disease	375,000
Malnourished	6,000,000

Estimate reported in *American Annals of the Deaf*, Jan, 1934

These estimates are based on the studies that have been made throughout the country and represent the best judgment of the special committee of the White House Conference having this subject in charge. The figures do not give us the percentage of school children having these defects but present the total number. Individual communities are also interested in the probable number of school children handicapped by the various defects, both major and minor, but information on this subject is indefinite and unsatisfactory. The number of children per 1,000 of school age suffering certain minor defects has been estimated as follows: bad tonsils, 14.8 to 16, nasal obstruction, 41 to 130; scoliosis, 5; eye trouble, 120, poor posture, 150, goiter, 10 2, defects of teeth, 300 to 850; hernia, in case of high-school boys, 10 to 20 ²

The figures given above indicate that the number of blind

¹ White House Conference, *Special Education the Handicapped and the Gifted*, pp 5-6 Also *The Handicapped Child*, p 134 (figures given in this volume for number of crippled children are 368,325 instead of 300,000 as in the original estimate)

² Rogers, J F, *Physical Defects of School Children*, School Health Studies, No 15, United States Office of Education, 1929, pp 13-26

and of deaf children is comparatively small. On the other hand, many children have somewhat defective hearing, and unless the defect is remedied they may be expected eventually to become entirely deaf. The children born deaf or becoming so very early in life usually remain or become mutes. Statistics for heart disease are being collected as a result of agitation by the American Heart Association. Formerly it was believed that the number of cases was small, but recent surveys in several of the largest cities led to the estimates made above. Views in respect to tuberculosis are constantly changing. A distinction is now made between the childhood and the adult types of tuberculosis. The childhood type is frequent but in nearly all cases is curable. Very few children suffer from the adult type, but among these few children a comparatively high mortality obtains. Positive reactions to tuberculin tests seem to range from 21 to 28 per cent among children of elementary school age, but the active cases probably do not exceed 6 per cent of the positive reactions. Apparently the proportion is much higher among colored children—a fact that later reflects itself in the high mortality of all colored races from tuberculosis.

4. Physical Defects and Their Causes.

The most serious physical defects are blindness, deaf-mutism, and crippleness. They are serious because cure or correction is usually impossible. In this chapter will also be discussed other important defects which, while serious in themselves, frequently yield to remedial treatment.

a. Blindness.

The causes of blindness among children are as follows: ophthalmia, trachoma, venereal disease, glaucoma, accident, diseases of the eye, hereditary defects, etc. Formerly about one-fourth of the children in schools for the blind were the victims of ophthalmia neonatorum—a disease caused by the introduction of the gonorrhoeal germ into the eye of the baby at birth. The laws of many states and the rules of departments

of health have made the use of a prophylactic to kill this disease germ so general that not more than 7 per cent of the blind children now acquire blindness from this cause. In some states, however, preventive treatment is not yet required and in such states much blindness is still due to ophthalmia.

Trachoma is a comparatively prevalent disease introduced largely from southern Europe, Mexico, and from the Indians of our own country. If left untreated, it frequently results in blindness. It is one of the common diseases found among school children, particularly in the immigrant sections of our cities.

Other diseases of the eye such as glaucoma and cataract occasionally affect children, and a small number of individuals are blind from birth—a condition due in some cases to hereditary influences and in others to abnormal prenatal conditions. Blindness due to accident depends somewhat upon the enforcement of a “sane Fourth of July” and upon other precautions against the use by children of devices with which they may injure their eyes. Two children’s diseases—measles and scarlet fever—also tend to injure eyesight and unless precautionary measures are promptly taken often threaten the child with blindness. Approximately two-thirds of all blindness is preventable.

b. Deafness.

Owing to their unfortunate incapacity to hear themselves articulate, children born deaf or acquiring deafness very early in life seldom develop the power to articulate, and the only sounds made by most of them are sepulchral tones quite uncanny and unmodulated. Deaf-mutism is largely due to the following causes: congenital deafness, scarlet fever, meningitis, brain fever, measles, and colds. Among children congenital conditions are the most important causes, approximately 40 per cent of the deaf children in our state schools having been born deaf. The study by Shambaugh under the auspices of the National Research Council reported that out of 5,348 deaf children whose histories were obtained, 60 per cent were

born deaf, and of the remainder more than one-half acquired their deafness before they were three years of age ¹ Facts such as these indicate that from 40 to 60 per cent of deaf-mutism among children is congenital, with the probability that most of these cases are also hereditary. Fay in his studies found an astonishing rate of deafness running in families. The United States Bureau of the Census made similar discoveries and also confirmed the belief that consanguinity was a potent factor in causing deafness. According to its figures, deaf-mutism was nearly three times as frequent relatively among the children of first cousins as among children of the community as a whole. Other consanguineous marriages yielded an abnormal amount of deafness. Among the children of parents having the same name, the prevalence of deafness is also entirely too common to be explained as due to adventitious causes.

Additional statistics furnished by the White House Conference relate to 3,206 children with a history of acquired deafness. Of this number meningitis was responsible for 18 per cent, measles for 8 per cent, scarlet fever for 7 per cent, and influenza for a similar figure. For the majority of cases, however, no explanation is given. Catarrh, colds, diseases of the ear, and accidents, no doubt, account for a large proportion of the remainder.

In view of the large amount of deafness resulting from consanguineous marriages and from the intermarriage of individuals who either are deaf themselves or have deaf relatives, the eugenic significance of the problem of deaf-mutism must become clearly apparent. Even such causes of deafness as catarrh are to some extent inherited, and the sequelæ in the case of measles and scarlet fever often express inborn tendencies.

c. Physical Deformities.

A cripple as defined in the Michigan state law is "one whose activity is, or may become, so far restricted by loss, defects

¹ White House Conference, *Special Education the Handicapped and the Gifted*, p. 279.

or deformity of bone or muscle as to reduce his or her normal capacity for education and self-support." No hard-and-fast line, however, can be drawn between crippled and normal children, but interest naturally is confined to that group of children whose deformities or physical abnormalities are sufficiently marked to require special attention from the schools or the social agencies

The causes of crippling in the order of their importance, according to the Michigan Crippled Children Commission, are: poliomyelitis (infantile paralysis), bone tuberculosis, rickets, motor accidents, congenital deformities, and industrial accidents¹ Tuberculosis, which formerly stood first, has recently declined in importance because of the rapid elimination of tuberculosis among cattle, but poliomyelitis has apparently increased and is now responsible for more than one-third of the cases of seriously crippled children. Spastic paralysis due to disease or defects of the brain is also a factor of no mean importance. It may be the result of abnormal prenatal conditions or due to injuries at the time of, or immediately after, birth. Usually it is accompanied by mental impairment. Congenital malformations tend to persist and are apparently responsible for 7 to 9 per cent of the cases. The principal forms are club feet, dislocation of the hip, and defective development.

Rickets, which is found principally among Negro and south European children, is due largely to the absence of vitamin D in the food of the child. Normal human and cows' milk is somewhat deficient in this respect with the result that an insufficient amount of mineral water is deposited in the bones and ossification takes place slowly. Lack of sunlight accentuates the condition. Scoliosis, or curvature of the spine, is also a fairly common condition, and is due largely to diseases of the bones or joints.

A comparatively new cause of crippling is motor accident. Furthermore the number of cases due to this cause may be expected to increase, since no serious efforts to prevent automo-

¹ Upson, Lent D, and Matson, Opal V, *Crippled Children in Michigan*, p. 7.

bile accidents have as yet been made. In addition, a large proportion of the accidents to children is the result of their aimless darting about, and no adequate remedy for such irresponsible movements is at hand. Industrial accidents, on the other hand, are less important than formerly, owing to the decline of child labor and the protection of working children against the hazards of dangerous machinery.

d. Speech Defects.

The principal form of speech defect is stuttering or an inability to produce an easy flow of speech. The cause may lie either in a muscular condition or in abnormal nervous tension. Many children for example speak quite normally when they are thoroughly relaxed as in spontaneous play, but at once begin to stutter when they become conscious of being observed and studied. A second type of defect is represented by faulty articulation. Many children lisp, constantly utter nasal sounds, or telescope their words into a confused jumble. Defects such as these may be due to structural abnormalities, to injury of nerve and muscles, or to linguistic sluggishness. An additional type is the foreign-accent group who, in case they continually speak the language of their parents while at home, can with difficulty enunciate the tones of the English language with sufficient accuracy to avoid the criticisms and jibes of their American companions. The deaf and hard of hearing, of course, tend to retain or develop speech defects because, as was indicated above, they are unable to hear themselves and cannot detect their failure to modulate or to intonate their words properly.

e. Cardiac Cases.

It is evident that, although somewhat allied to the crippled, the cardiac cases need separate consideration. A given number of children are born with weak hearts and probably suffer from an hereditary tendency that eventually is reflected in comparatively early death. Others have innate vitality and stamina and, in spite of the many bitter battles of life, persist in living

unusually long lives. That longevity runs in families seems to be quite well established, that a sound heart condition is fundamental to such longevity is also conceded; and that the resisting capacity of different individuals varies widely is a matter of common observation.

Among children the chief cause of weak or damaged hearts is the poison exuded from diseased tonsils, infected teeth, and adenoids. This poisonous germ attacks the muscles of the heart and lowers the vitality of the child. Prolonged and excessive exercise accentuates the condition and may produce incurable effects. For reasons such as these, physicians and surgeons now insist on the removal of the diseased organs or parts before the heart can be affected or injured thereby. Syphilitic infection either in the prenatal or early postnatal life of the child attacks various organs of the body and produces a general weakening which frequently results in premature death. A small number of children injure their hearts by engaging in exercise or work too strenuously for the capacity of their hearts and muscular systems.

f. Tuberculosis.

In various places, autopsies have revealed the fact that a large proportion of all children dying under fifteen years of age showed signs of previous tuberculosis. Kelynack placed the figure at 40 per cent. Von Pirquet claimed that the majority of children respond to the tuberculin test, the proportion at ten years of age being approximately 70 per cent. The current Mantou test reveals an enormous amount of apparent tuberculosis. Probably the greatest gain in recent years in understanding the problem of tuberculosis is the recognition of a childhood and an adult type of the disease. The former is very common in children but usually does not lead to fatal results; the latter is deadly and if the child is to be saved needs immediate attention.

Although the prevalence of the childhood type of tuberculosis is now recognized, no alarm is being occasioned thereby.

Normal physical activities, proper and adequate food, air, and sunshine, without the necessity of special attention to the problem, will enable most children to maintain reasonable health. The danger arises when children who react positively come into intimate contact with the adult type of tuberculosis. Exposure to the adult pulmonary form leads directly to infection. Various studies such as those by Wallace, Dr. Sachs, and others have demonstrated the inevitability of tubercular infection following prolonged contact with tuberculous individuals.¹ Serious tuberculous conditions among children are not the effects of an advancing stage of the childhood type of the disease but the result of new infection, and this is obtained largely by contact with tuberculous adults. In 1932 the number of children under fifteen years of age dying of pulmonary tuberculosis was 2,275, and of all forms of tuberculosis, 4,772.

At the present time the actual incidence of tuberculosis among children seems to differ widely, depending on the different conditions under which the children live.² An examination of rural school children in New York under the auspices of the Milbank Memorial Fund resulted in the following findings: 3.6 per cent had tuberculosis of the childhood type; one per cent suffered from pulmonary tuberculosis; 0.4 per cent were infected with non-pulmonary forms of the disease.³ Other studies have yielded similar results; therefore the White House Conference concluded that from one-half of one per cent to 3.5 per cent of the school children suffered from active forms of tuberculosis.

The percentage of positive reactors to tuberculosis is enormous and may vary from 10 to 90 per cent. Figures for Massachusetts indicate percentages varying from 21 at the age of five to 35 at fifteen, with an average of 28 per cent for the total number studied. In Philadelphia, however, the rates according to a special survey ran much higher. Much depends on the living conditions and the type of cases to which the children have been

¹ Sixth International Congress on Tuberculosis, Vol. II, Section LV, p. 421.

² White House Conference, *The Handicapped Child*, p. 200

³ Douglass, S. A., *The Organization of a Rural Tuberculosis Service*, published by the Milbank Memorial Fund, 1930.

exposed. The rural districts and smaller towns still seem to hold an advantage over the larger cities. As in the case of Negro adults, Negro children react more unfavorably to the tuberculin tests than do white children.

An additional form of tuberculosis is the bovine type resulting from the consumption of infected milk or water. This form usually attacks the bones and glands and frequently leaves its victim a permanent cripple or thoroughly devitalized. Bovine tuberculosis, however, as stated elsewhere, is being controlled so that its results will be much less devastating in the future than was formerly the case.

g Malnutrition.

Two types of this condition are recognized. The first and most important is the one due to insufficient food. The persisting industrial depression has undoubtedly increased the number of malnutrition cases far beyond the figures given by the White House Conference. Even in ordinary years the percentage of children suffering from malnutrition seems to have ranged from 21 per cent in New York City to approximately 10 per cent in some of the smaller towns.

Some of the results of the depression have been gathered in New York City, where figures for Manhattan show an increase in malnutrition from 16 per cent in 1929 to 29 per cent in 1932 and for the Bronx from 13 to 23 per cent respectively. A report from Detroit states that in January, 1933, there were 11 per cent of decidedly malnourished children and an additional 7 per cent who were very much underweight. In a Pennsylvania city out of 1,000 children of school age belonging to families on relief, two-thirds were found after careful physical examination to suffer severely from malnutrition. The Red Cross and departments of health have discovered much evidence showing that the industrial depression has lowered the vitality of children. On the other hand, considerable malnutrition is of secondary origin and is due to the consumption of foods not adapted to the child.

A secondary type of malnutrition is associated with other physical defects. Defective teeth, for example, may prevent the proper mastication of food, overburden the digestive system, and cause the loss to the body of a large percentage of the nutritive values of the foods consumed. Other abnormal physical conditions may likewise prevent the proper assimilation of foods and induce a condition of malnutrition. Among very small children such examples may frequently be found. Enlarged tonsils, adenoids, and disease often interfere with sound dietary habits and soon leave the body emaciated or distinctly underweight.

Another secondary cause of malnutrition is misfeeding. Children fed on candy, pickles, cake, and other unbalanced diets and allowed to drink coffee and other stimulants to an excessive degree frequently are retarded in height and weight and suffer from the lack of proteids and also of the proper vitamins. Many well-to-do children are the victims of parental neglect. For them the family table is merely a tradition and a normal meal a pleasant memory. Many students of nutrition emphasize lack of parental control as a factor of serious consequence, especially since children are not possessed of sufficient judgment to act wisely. Malnutrition, therefore, is not solely a phenomenon characteristic of the poor but may be found among all income classes.

Misfeeding is also an outcome of ignorance. Probably rickets in children represents the best illustration of the effects of such ignorance. Immigrants frequently bring with them the standards of diet developed in the native land and overlook the essentials necessitated here because of different climatic conditions and customs of life. Accordingly the method of feeding used abroad does not fit the need and the child fails to develop normally.

h. Defects of the Teeth.

These are the most common of all defects. On entering school about 85 per cent of the children suffer more or less from dental

caries. Reports from orphanages indicate that among the types of children usually accepted for care, approximately 90 per cent have defective teeth. The importance of sound teeth is not yet generally accepted, and the cost of dental care, on the other hand, has made adequate attention to defective teeth impossible. In spite of the efforts of schools, the percentage of children free from this defect seldom falls below 30 per cent.

Neither the causes nor the results of defective teeth have been adequately studied. Civilization is largely responsible for the tendency of everybody to develop dental caries. This species of defect is not generally found in animal life owing, no doubt, to the fact that animals feed according to the plan that nature prepared for them, while we, on the other hand, have departed so far from the feeding habits of the cave man that our teeth are unable to cope with the new situation. The infant is no longer fed the foods that develop the best quality of teeth and the consumption of candies and other sweets and exposure of the teeth to extremes of heat and cold lead to the early decay of our dental system.

The extent to which defective teeth affect the vital organs, result in enlargement of the glands of the neck, cause mouth breathing, and increase indigestion is not at all realized by the average parent. That bacterial poisons may filter into the system and lower a child's vitality is not understood. Nor is thought given to the dangers that confront an individual in later life, if decay or corruption of the teeth is permitted in childhood. For reasons such as these, defective teeth continue to remain the most common of the minor physical defects of child life.

5. General Causes of Physical Handicaps.

Apart from the causes and conditions lying back of the various handicaps specified, certain outstanding social causes should be mentioned. The preventive program cannot limit its work to the details affecting each handicap but is obliged to attempt a larger program that will encompass the more funda-

mental causes of physical defectiveness. When the British Committee on Physical Deterioration studied the decline in the physique of the British people, it called attention to several underlying causes of the conditions that were revealed. The more important ones were: *urbanization*, with its accompaniment of smoke, filth, and bad housing; *conditions of employment*, particularly those affecting women and children; *alcoholism*, with its frightful toll in the form of depleted physique, poverty, and neglect of children, *poor food*, much of the food consumed being of inferior quality and ill-adapted to the needs of children; *disease*, especially epidemics affecting children between two and five years of age. Tremendous factors of environment have been silently operating to interfere with the normal development of the child and have prevented the attainment of the standards of vitality and physique to which the child is entitled by heredity and natural endowment.

Constantly the factors of poverty, ignorance, low standards of living, alcoholism, lack of social machinery for the proper handling and care of incipient defects, and failure to educate the masses to a realization of the need of constructive care—constantly these factors arise to condemn us for our inexcusable negligence and unsocial behavior. The development of better physical types, the prevention of defects, and the conservation of our native physique and vitality require vigorous action not only on the part of individuals but by the organized social agencies from the federal government down to minor departments in our municipalities. Although some physical defects disappear automatically, the great majority lead inevitably to physical handicap or inferiority. To discover them as they appear and so to organize society that the more demoralizing environmental causes will be eliminated are important problems of constructive social work. Without doubt a system of social planning that will prevent the recurrence of industrial depressions represents the most important reform. The debilitating effects of poverty on child life are so inevitable that prevention remains the essential remedy.

QUESTIONS FOR ADDITIONAL STUDY

- 1 What abnormal effects may be produced by the ductless glands?
- 2 Why does malnutrition breed more malnutrition?
- 3 Why do immigrant children here suffer more from rickets than similar children abroad?
- 4 Distinguish between deterioration and degeneration
- 5 Compare the physical advantages of rural and city life
- 6 What are the chief accidents from which children suffer?

SELECTED REFERENCES

GENERAL PHYSICAL CONDITIONS

- Chenowith, L I, and Morrison, W R, *Community Hygiene*, 1934
- Dublin, L I, and others, "Physical Defects as Revealed by Periodic Health Examinations," in *American Journal of Medical Sciences*, October, 1925
- Emerson, Haven, *Philadelphia Hospital and Health Survey*, 1929
- Keene, C. H, *Physical Welfare of the School Child*, 1929
- Lambkin, Nina B, *Education for Healthful Living in the Public Schools of Bellevue-Yorkville, 1927-1931*, 1933.
- McCollum, E V, and Simmonds, Nina, *The Newer Knowledge of Nutrition*, 1929.
- United States Children's Bureau, Publication No 59, *What Is Malnutrition?* 1927.
- , Publication No 110, *The Nutrition and Care of Children in a Mountain County in Kentucky*, 1922.
- , Publication No. 111, *Physical Status of Preschool Children*, Gary, Indiana, 1922
- United States Office of Education, *School Health Studies*, No 15, "Physical Defects of School Children," 1930
- White House Conference, *Addresses and Abstracts of Committee Reports*, 1930.
- , *The Handicapped Child*, 1933
- , *Growth and Development of the Child—Nutrition*, 1932

THE PHYSICALLY HANDICAPPED

- Best, Harry, *Blindness and the Blind in the United States*, 1934.
- , *The Deaf*, 1914
- League of Nations, *Report on the Welfare of the Blind in Various Countries* 1929
- New York State Commission for Survey of Crippled Children, *Report*, 1925
- Outlook for the Blind* (bi-monthly magazine).

Peck, Annetta W , and others, *Ears and the Man*, 1926

United States Bureau of the Census, *Deaf Mutes in the United States*, 1920

—, *The Blind in the United States*, 1920

—, *The Blind and Deaf Mutes in the United States*, 1930.

Upson and Matson, *Crippled Children in Michigan*, 1931.

White House Conference, *Addresses and Abstracts of Committee Reports*, 1930.

—, *The Handicapped Child*, 1933

TUBERCULOSIS

Hiscock, Ira V (editor), *Community Health Organization*, 1932

Jacobs, Philip P , *The Control of Tuberculosis in the United States*, 1932.

Moore, H H , *Public Health in the United States*, 1923

Myers, J A , *The Child and the Tuberculosis Problem*, 1932

National Tuberculosis Association, *Childhood Types of Tuberculosis*, 1931.

—, *Framingham Monograph No. 5*, "Tuberculosis Findings," 1919.

CHAPTER VIII

THE MILK PROBLEM

The control of the commercial milk supply is an important problem, partly because milk is the most valuable farm product, partly because it is the most important and necessary food for children. The quality and cleanliness of milk are conditions of interest to all, since nearly everyone consumes milk in some form or other. Babies and young children are greatly concerned, because impure milk is a greater danger to them than it is to adults.

1. Nutritive Value of Milk.

Cows' milk has excellent nutritive qualities and, except for mothers' milk, is the best single food for babies. Raw milk of standard quality contains most of the vitamins. Vitamin A protects against the eye disease known as xerophthalmia and against certain infections of the ear, sinus, and lungs. Vitamin B prevents the development of beri-beri and is an aid to growth and digestion. Vitamin C is an excellent tonic and protects the human system against scurvy. Vitamin D is needed for the proper development of the bones and the teeth. Without it malformation of the bones and rickets are likely to occur.

Experiments on lower animals and observation of human beings have shown that skim milk lacks certain elements—particularly vitamin A. In Denmark during the World War many children developed eye troubles owing to the fact that they were fed on milk from which most of the butter fat had been removed and sold to the belligerent countries. It has also been discovered that cows' milk is somewhat lacking in vitamin D and is not so effective an antidote for rickets as human milk. Therefore children fed on cows' milk need an

additional anti-rachitic element in the other foods they consume. This situation, however, can be partly remedied, since it has been discovered that cows fed on certain foods will yield milk containing a sufficient quantity of vitamin D. Pasteurization, although it produces few changes in the chemical composition of milk, weakens the effectiveness of vitamin C and partially breaks down the resistance to scurvy. Apart from these limitations, cows' milk offers no serious handicaps.

2. Bacteriological Properties.

The slightest contact with the air results in the introduction of bacteria into milk. These microorganisms are of two kinds—the harmless bacteria that are the prime factors in causing the milk to sour, and the pathogenic bacteria which are responsible for disease. Bacteria multiply rapidly, particularly if the milk is warm, and the larger the number the greater the danger to the consumer. Accordingly the bacterial count has become the best method of measuring and judging the quality and healthfulness of milk. Although a high bacterial count does not necessarily imply the presence of undesirable germs, nevertheless milk is not generally considered safe if the count exceeds 50,000 bacteria per cubic centimeter. Accordingly clean milk is demanded and methods are being employed to prevent milk from being infected with disease germs.

3. Raw vs. Pasteurized Milk.

When the movement to obtain milk of a quality safe for babies was first begun, a struggle ensued between the advocates of milk production under wholesome conditions and the advocates of pasteurization. The former insisted that milk be produced in clean dairies from clean cows; that only healthy persons come in contact with the milk; that every precaution be taken to keep the milk clean and at temperatures low enough to prevent the multiplication of bacteria. Their program, if enacted, would have greatly increased the price of milk and would have forced the substitution of other foods. The ad-

vocates of pasteurization admitted that dirty milk pasteurized was not so desirable as clean raw milk, but they insisted that the practical obstacles to a clean milk program were so great that the goal could not easily be achieved. The cost to the dairyman, the expense of inspection, and other costs would be too great to make the plan possible; therefore pasteurization should be required of all commercial milk.

Public opinion has come to favor the method of pasteurization, certain exceptions being allowed. It appears that the production of milk under such conditions that a large supply of clean raw milk may be produced and marketed has proved quite impossible, and therefore the bulk of dairy milk should be pasteurized before it is offered for sale.

4. Evolution of Control.

The science of bacteriology paved the way for milk control. When it became known that milk could be infected and that it might be responsible for a variety of diseases, particularly the digestive diseases, public health departments began to take note of the milk situation. The first determined effort to deal with the problem was made in Rochester, N. Y., as early as 1897, when Dr. George W. Goler, health officer of the city, began the work in a simple way. He established several milk stations and provided modified pasteurized milk to babies at cost. Later he attempted to improve conditions on the farms from which the milk was brought to the city and for a time pasteurization was abandoned in favor of clean raw milk. The general effectiveness of the local program in reducing infant mortality was so marked that a considerable impetus was given to improved methods of handling the milk supply.

Other cities began to recognize the problem. Milk depots were established on a philanthropic basis and either pasteurized or modified milk furnished free or at cost. In New York City the establishment of a division of child hygiene in the department of health gave special impetus to the clean milk program. Milk codes began to take form and the inspection of dairies became a

function of health departments. Gradually the United States Department of Agriculture became interested and, through its officials, systems of scoring dairies were devised and steps taken in the direction of formulating milk ordinances.

5. Standard Milk Ordinance.

The United States Public Health Service has devised a standard milk ordinance. This standard was adopted by the Conference of State and Territorial Health Officers in 1926.¹ A uniform program was favored because a lack of uniformity tends to discredit health officers, seems to reflect on the knowledge of such officials, and reduces the milk consumption below the point necessary for the best health interest. Owing to the increase of interstate commerce in milk, uniformity is becoming increasingly necessary. It was also agreed that an ordinance should be grounded on certain basic principles such as the following. It should obtain for the consumer a maximum degree of protection against impure and unclean milk; it should encourage milk consumption; it should elicit the support of the dairy industry and should be so framed that it can be enacted by both large and small cities of different experiences.

The essential points of this standard ordinance are the following:

Milk shall contain at least 3.25 per cent of butter fat, and 8.5 per cent of solids—not fat.

Pasteurization shall consist of heating milk to a temperature of 145 degrees Fahrenheit and maintaining an even temperature at this point for thirty minutes.

All bottles, cans, and packages containing milk shall be properly labeled, covering such points as contents, name of dealer, grade of milk, and whether pasteurized or not.

During the period when the grading of dairies occurs, definite inspections of the dairies must be made and samples of milk tested.

The following grades of milk may be established:

¹ United States Public Health Reports, July 30, 1926, pp. 1604 ff.

(1) Certified. This type of milk must meet the requirements laid down by the American Association of Medical Commissions. According to this requirement the milk must be produced from thoroughly healthy cows, must be bottled as soon as drawn, its temperature maintained at not more than 50 degrees Fahrenheit, and it may not contain more than 10,000 bacteria per cubic centimeter when delivered to the consumer.

(2) Grade A (raw). This milk may not contain more than 50,000 bacteria when delivered. It must be produced on dairy farms where lighting, air space, floors, walls, and ceilings of milk houses meet the most rigid requirements. Furthermore the milking utensils must be thoroughly sterilized, milkers must disinfect their hands, and wet hand milking may not be allowed. All persons connected with a dairy or milk plant must possess a health certificate. The milk must be cooled at once to 50 degrees. The cows must be examined for tuberculosis at least yearly and cows suffering from the disease must be branded, removed from the herd, and slaughtered.

(3) Grade B (raw). This milk may not contain more than 200,000 bacteria and must be cooled to 60 degrees.

(4) Grade C (raw). The bacterial count may reach 1,000,000 per cubic centimeter.

(5) Grade D (raw). A total of 5,000,000 bacteria per cubic centimeter may be allowed.

(6) Grade A (pasteurized). This milk may not contain more than 50,000 bacteria and must be cooled immediately to 50 degrees. It must be bottled by automatic machinery so that human hands do not come in contact with corks, labels, etc. It must also be delivered within thirty-six hours after pasteurization.

(7) Grade B (pasteurized). This milk may consist of Grades A, B, and C (raw), but pasteurized and the bacterial count limited to 100,000.

(8) Grade C (pasteurized). A bacterial count of 500,000 is allowed.

The ordinance provides further that:

Misbranded milk must be denatured so that it cannot be used for human consumption.

No second pasteurization shall be allowed.

The sale of dip milk is prohibited.

Restaurants, soda fountains, and similar vendors shall sell milk only in original containers.

Milk shall not be pasteurized outside the county in which it is consumed.

In adopting the standard ordinance, a municipality may limit the number of grades of milk to be allowed. It is not expected that most cities will permit the complete set of grades of milk to be sold. However, the classification is important and will guide local public health officials in the determination of the limits which can be set in any concrete case.

6. Recommendations of the White House Conference.

In its report on *Milk Production and Control*, the White House Conference designates the following essential public health measures in respect to the milk supply.¹

- (1) Inspection of farms and plants.
- (2) Supervision of the physical examination and testing of cows.
- (3) Laboratory examination of milk.
- (4) Physical examination of workers, including laboratory examination of body discharges.
- (5) Pasteurization control of general market milk.

The Conference recognized that municipal control of milk was necessary even though methods of state control were established in individual states. In its outline of the elements to be included in a milk ordinance it specified, in addition to the usual requirements, prohibition of the sale of adulterated milk, provision for permits and the revocation of permits, rules relating to the frequency of inspection and the posting of inspection reports, requirements in reference to the frequency of laboratory tests, and a plan for the punishment of violators of

¹ *Op. cit.*, pp. 31-33.

the grade requirements. It suggested that cities might adopt one of two possible protective measures—either label milk of a professedly inferior grade with lower grade letters or bar milk from the market by means of a revocation of the permit to sell.

7. Significant Forms of Control.

When problems connected with the production and sale of milk became the subject of regulation and control, states interested themselves largely in the chemical content of milk, in such items as the amount of butter fat, solids not fat, percentage of water, and preservatives. They gave no attention to the bacterial count nor to the impurities that the milk contained. Cities, on the other hand, approached the problem from the standpoint of public health, and were particularly interested in clean milk as a preventive of infant mortality.

a. Municipal Regulation.

Some control of the milk supply by American cities has become almost universal. The larger cities have led in the movement and as a consequence the quality of milk in these cities is better than in the smaller towns. This situation is quite the reverse of that which formerly existed. The majority of milk-borne epidemics during the period 1920-24 occurred in cities of from ten to twenty thousand inhabitants and in the very small towns and rural districts, but in the following five years the epidemics were most common in the rural districts and in towns of less than 2,500. The reason for this change is the increasing degree of control of commercial milk in the larger communities and failure on the part of the smaller towns to deal with the problem.

A survey of 430 cities ¹ showed that in 1930, 247 were operating under the standard ordinance and 183 were enforcing independent standards. The situation in respect to the smaller cities indicates significant results. It appears that the size of the city is roughly correlated with the percentage of the milk sup-

¹ White House Conference, *Milk Production and Control*, pp 38 ff.

ply that is pasteurized. Furthermore raw milk rates higher in the cities of 100,000 and over than in towns of less than 10,000. The results obtained under the standard ordinance appear to be superior to those achieved under miscellaneous ordinances. However, excellent results have been obtained by certain cities where special ordinances have been adopted.

A problem that continues to bother certain cities is the control of the sale of unbottled milk. It has not been possible in all cases to prohibit the sale of loose or dip milk. The ease with which contamination can take place is so apparent that the need of strict control is evident. There is good reason why all milk should be sold to consumers in original containers only. Even hotels can accommodate themselves to this plan.

The cost of improving the milk supply is a considerable burden on the cities, and waves of economy frequently threaten the efficiency of the system. In addition, the dairy industry is not universally sympathetic to strict control. However, experience indicates that the consumption of milk has increased in cities in which regulation has attained a clean and wholesome milk supply.

b. State Control.

State control of commercial milk could not limit itself to the chemical requirements of milk. In many cases it became necessary to enact laws requiring the periodical examination of cows for the presence of tuberculosis, the purpose being to protect the consumer against both tuberculous meat and against bovine tuberculosis. In the earlier years of inspection, the infected cows were slaughtered and the owner lost most, if not all, of the value of the cow. In some states provision is now made whereby he may be reimbursed to the extent of about one-half the value.

The newer movement among the states is based on the desire to secure clean milk in order to protect the health of the consumer. Accordingly a number of states have enacted milk laws similar to the municipal regulations discussed above. California exemplifies this plan in its "pure milk" law. This law prescribes

the standards for different grades of milk, for the labeling of containers, defines pasteurization, provides for the inspection of dairy cows, authorizes counties or groups of counties, cities or groups of cities to maintain a local inspection service and laboratories in conformity with the requirements set forth by the state department of agriculture. Enforcement of the law rests with the local inspection service or the state department of agriculture.

The White House Conference conceded the value of centralized and standardized administration, but did not recommend mandatory state laws. However, it suggested that a possible plan of state regulation might consist of the adoption of standard regulations, which should be in force only in those communities where affirmative local action is taken. Such a plan is helpful to the larger cities but leaves the smaller towns without adequate means of control. Since the machinery of milk control is somewhat costly, the smaller communities must band together into a larger unit or they must ask the state to handle the problem for them. The danger to them of impure milk has received such striking confirmation that the state must hasten plans for the protection of the inhabitants of rural districts and small towns.

c. Federal Service.

The Federal Department of Agriculture and the Public Health Service are interested in the milk problem. Through these agencies studies of bovine tuberculosis, milk production, and the health aspects of milk consumption have been made. Furthermore, standard milk ordinances have been suggested and plans for the education of the dairyman and for the improvement of dairies have been devised. Federal representatives frequently advise local groups in respect to the needed next steps in the program of improving the milk supply. Some milk is shipped from state to state. For example, New York City receives milk from seven states, and cities such as Philadelphia, St. Louis, Pittsburgh, Chicago, and Minneapolis also receive

large quantities of milk from outside their respective states. On account of its jurisdiction over interstate commerce, a limited service by the federal government is therefore possible, but the detail of regulation required by a municipality cannot be attempted. However, the bulk of all milk is sold within the state in which it is consumed and we must still look to state and municipal regulation largely for that control of milk which will definitely safeguard public health.

8. Milk Products.

In an effort to provide individuals with the essential food values contained in milk and at the same time avert the dangers inherent in impure milk, industry has provided a number of substitutes made either entirely or largely from cows' milk. One of these substitutes is condensed milk. This article has a high butter fat content, is about 40 per cent sugar, and has most of the water eliminated. To many the taste is disagreeable but under particular conditions it is used as a food for babies. It is practically free from bacteria and has proved valuable in quieting the digestive disturbances of small children. On the other hand, it is claimed that children fed on condensed milk lack somewhat in stamina and easily succumb to disease. Evaporated milk is essentially a variety of condensed milk. It lacks the high sugar content characteristic of the latter and now exceeds it in volume of production. It is increasingly used in infant feeding and has obtained good results.

Dried or desiccated milk is the product of milk from which nearly all of the water has been removed. It assumes a solid form and may consist of flakes or fine powder. It has practically no bacteria and should be comparatively free from disease germs. To make it suitable for consumption a sufficient quantity of water is added. Some success has been attained in its use as a food for babies. It is valuable also because it will not deteriorate readily and is not likely to become infected with dangerous bacteria even though it is kept for some time.

None of these products can be generally substituted for

cows' milk. However, they have certain values as food for babies and small children and are occasionally needed when commercial milk fails to agree with the child or is likely to deteriorate beyond the point of reasonable safety.

9. Modified Milk.

Many babies are unable to consume breast milk and also find commercial cows' milk unsuitable for their digestive apparatus. To meet their needs various forms of modified milk may be provided. One plan is attempted by the Walker-Gordon Laboratories, first established in 1891. These laboratories prepare modified milk suitable for the needs of a particular child and therefore no two modifications are alike. Each is made according to the prescription of the physician. This milk is sold on a commercial basis as are prescriptions filled by druggists and costs three or four times the price of ordinary milk. Therefore it is beyond the reach of the average baby. It is made from the cleanest milk that can be obtained and serves a very useful purpose in the limited field in which it can be used.

Modified milk is also prepared by philanthropic agencies. The modifications are usually made according to a number of formulæ, each of which is adapted to some age period of the child. The weakest modifications are suitable for the youngest babies or for those suffering from gastro-intestinal troubles. This milk is sold or given to the poor and is ordinarily distributed from milk depots established for this purpose.

The establishment of numerous baby or child welfare centers throughout the country has lessened the need of milk dispensaries. In these centers methods of modification are being taught to mothers. In fact, the new public health program emphasizes the education of mothers for their responsibilities as mothers and reduces philanthropic service to a minimum. It assumes that the duty of caring for her child belongs to the mother. It likewise takes for granted that the average mother, when properly instructed, has sufficient intelligence to know when she should utilize the health agencies.

QUESTIONS FOR ADDITIONAL STUDY

1. Study the Rochester clean milk experiment
2. Analyze some state milk law.
3. What control of the milk supply do you have in your city?
4. What substitutes for milk are now being offered?
5. What is done to introduce larger quantities of vitamin D in cows' milk?

SELECTED REFERENCES

- American Association of Medical Milk Commissions, *Annual Proceedings*
Rose, Mary S., *Feeding the Family*, 1929
United States Children's Bureau, Publication No. 163, *Milk, the Indispensable Food for Children*, 1926
United States Department of Agriculture, *A Guide for Formulating a Milk Ordinance*, No. 585
United States Public Health Service, "Standard Milk Ordinance in United States," *Public Health Reports*, July 30, 1926
White House Conference, *Communicable Disease Control*, 1931.
—, *Milk Production and Control*, 1932.

CHAPTER IX

CHILD HEALTH SERVICE

The White House Conference on Child Health and Protection recognized the obligation of society to the health of the child in the following language: "For every child health protection from birth through adolescence, including periodical health examinations and, where needed, care of specialists and hospital treatment; regular dental examination and care of teeth; protective and preventive measures against communicable diseases; promotion of health and a health program, wholesome physical and mental recreation, with teachers and leaders adequately trained." These principles of the Children's Charter recognize the right of a child to health and the duty of society to furnish it.

The responsibility of society involves a number of considerations; first, the child is too young to realize the permanent consequences of ill-health, and if neglected has the right to become a social rebel in days to come. No child will thank a society that has allowed him to grow up undeveloped, stunted, subnormal physically, and the prey of ever-lurking germs. Second, ignorant parents often fail to care properly for their children and allow them to become handicapped for life. This freedom on the part of parents can no longer be permitted. The child is a ward of the state and must obtain its care and protection. The parent must not ignore this principle, but if he fails to perform his duty, society must provide the essential care. Third, society has a direct obligation to the growing child. The children of today become the men and women of tomorrow, and unless they are given proper health protection, tomorrow becomes a dismal day for all.

1. The Health Center.

The aspects of the child health program are at least three in number. The pre-school child health center represents one form of service, the school health program with its wide ramifications represents another, and health and physical education a third. Integrated with these services is a plan of medical treatment and hospital care that will deal adequately with the curative program according to the different ages of the children involved.

The sick baby clinic was the forerunner of the health center. The latter was at first limited in scope and its services were largely confined to children under three years of age. Gradually as health work began in the schools it was realized that the pre-school child was neglected, and therefore the child health center extended its services to meet the need. The typical center of today confines its work largely to the examination of children, immunization against certain diseases, guidance and instruction of parents and cooperation with physicians, hospitals, or welfare agencies that may be called upon to handle cases of disease or physical defect. As a general rule the center does not handle the problem of sick or handicapped children, and, owing to the lack of proper provision for the medical care of the American people, much of the work of health centers is merely diagnostic. It discovers that a child is in ill health or needs dental care and then advises parents to make the corrections or improvements necessary. Frequently nothing is or can be done and our medical program does not yet guarantee the child either adequate or proper treatment.

The health center movement began about 1900 but developed rapidly after the World War and while the Maternity and Infancy Act was in operation. The White House Conference in 1930 located 1,511 such centers, most of them established in cities having a population of more than 10,000.¹ In its summary of the work accomplished under the Act to which reference has been made, the Children's Bureau says that 2,294 permanent

¹ White House Conference, *Child Health Centers. a Survey*, p. 5.

child health centers were established from 1922 to 1929.¹ Failure to discover many of these centers after the law had lapsed indicates that the withdrawal of federal monies resulted in the abandonment of a large number of the centers. Many of the new centers operated in rural or semi-rural communities where without federal or state aid they could not continue permanently.

Health centers are generally operated by public funds, usually municipal but occasionally county, as in the case of several California communities. Often, however, these funds are supplemented with appropriations from private philanthropy. A considerable number of centers are conducted by private health agencies. State departments of health through their divisions of child hygiene also operate many centers in the smaller communities. Since the industrial depression, increasing pressure has been brought by medical societies upon the health departments operating centers to discontinue the treatment of disease and defects and to refer cases to private physicians. Objection to treatment of any persons capable of paying for the service has been particularly pronounced.

A very important function of the health center consists of the examination of children for specific diseases and defects. The discovery of defects such as those mentioned in Chapter VII constitutes a first step in a corrective program. Ambulant cases of minor disease are also detected and appropriate treatment given or the case referred to a private physician. Instruction in the prevention of certain diseases or defects comprises an additional service of value. The precautions to be observed in combatting tuberculosis, rickets, dental caries, and malnutrition are of special value.

Immunization against smallpox and diphtheria represents another feature of health center work. Of the health centers reporting to the White House Conference, 22 per cent vaccinated a majority of the children attending; 31 per cent immunized more than one-half against diphtheria; and a few centers were

¹ Publication No 203, *The Promotion of the Welfare and Hygiene of Maternity and Infancy*, p 28

equally insistent on immunizing against typhoid fever. Public schools in some cities now send children to the centers to be given the required tests and then, if found susceptible, to be immunized. Many schools and municipal departments of health, on the other hand, immunize children directly and therefore the number handled by child health centers is fewer than conditions seem to justify.

Examination for defects of eye, ear, nose, and throat for evidences of malnutrition, for defects of posture, and for other conditions inimical to permanent health is most important in the case of the pre-school child. Experience has shown that an enormous number of minor defects accumulate in children of these ages, and that many of the abnormalities become increasingly serious with the lapse of time. A few, however, gradually correct themselves and require no definite attention.

The effectiveness of child health centers is greatly curtailed so long as no adequate program for general treatment is in operation. Only too often children with serious defects or handicaps are left to the mercy of parents unable to pay commercial or professional prices for medical care, and as a consequence the handicap remains without treatment or correction. The narrow views of many private physicians interfere with a social program that would insure health and strength for the child.

Socialized medicine is urgently needed since no other plan will succeed in carrying out the principles laid down in the Children's Charter. When a reasonable plan of health insurance has been adopted, children need not wait interminably for their needs to be met, but physicians will carry out the recommendations at once. At present too many physicians are obsessed with the fear that some child whose parents are able to pay for his medical care or treatment may inadvertently be given such treatment free of charge. As a result a large proportion of the small children in this country are growing up without care or attention until they reach the public schools. There they probably are given a physical examination at least and perhaps

in some cases sent on the way to a corrective or preventive program.

2. Health Care of the School Child.

The school room is an ideal place for the diffusion of contagious diseases and is an excellent clearing house for the diseases of the community. In an effort to prevent the spread of contagion, departments of health began to make medical inspections of school children. Such action was considered a legitimate exercise of the police power of the state. If disease can be checked at its source, the public health is protected. Medical inspection of the schools therefore represented an activity similar to the establishment of quarantine or of a rule refusing unvaccinated children to enter school.

The medical inspection of school children was at first practically restricted to the detection of contagious diseases. In this work Europe has led the way. As early as 1867 some system of inspection was adopted in a number of German cities, and these were followed by Austrian cities in 1873. Belgian cities in 1874 followed the lead and French cities in 1884. In the United States the beginnings of inspection were made in Philadelphia in 1899, but the plan was shortly abandoned. Boston in 1894 provided for limited inspection and was soon thereafter copied by other cities. In New York City inspection was at first attempted for sixteen different diseases, but fear was expressed by many persons that the work was begun on too broad a basis and interfered with the rights of individuals; therefore the service was curtailed and inspection limited to seven of the most contagious diseases. Needless to say, this policy has long since been reversed.

Medical inspection could not conscientiously limit its service to a few contagious diseases. Examination of a child for some serious ailment might not disclose that ailment but instead a number of minor defects or other handicaps might be discovered. To overlook these entirely in a valiant search for the carrier of contagion was an act too illogical to stand the strain

of public opposition. Accordingly medical inspection soon broadened its scope and examinations were made not only for minor defects, but general examinations, including measurement of height and weight, were added.

a. Objectives of Health Care.

The objectives of health service in the schools are the detection and prevention of disease, the discovery and removal of defects, and the development of sound physical and mental health. The service may be given conjointly by school and health authorities or by the school officials directly.

(1) Periodic Health Examination.

So large a percentage of children on entering school have been found to suffer from remediable physical defects that a summer round-up campaign has been instituted in many cities, the purpose of which is to provide a health examination for children shortly before they enter school for the first time. In this work the National Congress of Parents and Teachers has been the leader. According to the plan children are examined, defects reported to parents, follow-up work carried on during the months preceding the opening of the school term and immunization against certain diseases suggested or accomplished. Gradually this service is becoming a regular activity of the schools, but the cooperation of private agencies will remain an important essential to the success of the program.

Every school child should receive an annual health examination. The child should be weighed and measured, and if found to deviate widely from the accepted standards of height and weight should have the cause of the abnormalities investigated. If unfavorable discoveries have been made, steps to improve the physical condition should be carried out. The examination should disclose the health history of the child and any minor defects such as those previously discussed. An important part of the service consists of the examination of the teeth and these if in need of care should be given prompt attention.

In about 90 per cent of the cities of 10,000 population or over,

periodical examinations of height and weight and some tests of vision are being made, and in about 75 per cent of these cities the children are examined for heart and lung conditions. In the smaller cities and rural communities health examinations have also made commendable progress, but in many such places the work is done by the school nurse or under her direction. Weighing and measuring of school children is very general and in many of the larger cities is often done monthly. If teachers are properly trained, they can prove helpful in districts where a formal medical service has not yet been established. They should be able to recognize certain abnormalities, make the simpler tests for vision and for hearing, and note peculiar tendencies and habits that result from a state of unhealthfulness. The graver cases should then be referred to the physicians or the nurses who in their occasional visits to the school can then give the child such further examination as may be necessary and suggest the proper plan for correction or care.

(2) Correction and Removal of Minor Defects.

The correction and removal of physical defects or handicaps depend at present largely on the cooperativeness of the parents with the school officials. Much depends also on the efficiency of the school nurse, both in respect to the treatment of the minor cases that the medical inspectors send to her and to her tact in persuading parents to make the corrections necessary for the health of the child.

A complete program of health care provides not only for the work of nurses in the schools but also for follow-up service or visits to the homes of the children. In the school the nurse secures the cooperation of the teachers in the development of an educational program and in the home she interprets the child's condition to the parents. Injuries of a minor character, pediculosis, mild affections of the skin, eyes, nose, or throat are usually referred to the nurse for treatment when these problems are a matter for the school to solve. Reliance on post card notification of parents is a slovenly method of handling the health program. Statistics in New York City indicated that, if

no contact was made with the parents, only about 6 per cent of the defects reported were given attention, but this proportion rose to 83 per cent as a result of home visits by the school nurse. Often, however, good results are obtained when the parent by arrangement consults with the nurse at the school, thus lessening the need of endless visits to the home.

(3) Examination for Communicable Disease.

In order to safeguard the health of all children and to prevent the spread of contagion, the daily inspection of all school children is desirable. However, if this function is to become general throughout the country, the task of preliminary inspection must rest largely on the teacher. Although in the beginnings of medical inspection only the physician dared to make such inspections, gradually in many communities the nurse has assumed this duty, but even the nurses are not sufficient in number to cover the ground. Therefore superficial inspections by teachers and the sending of suspicious cases to the physician or the nurse will simplify the procedure and make expert attention to such cases possible.

Certain contagious diseases require the watchful eye of the medical inspector. Among these are measles, diphtheria, scarlet fever, chicken pox, whooping cough, mumps, and acute diseases of the skin and eyes. Trachoma and other eye diseases have been scattered about largely through the schools. However, with the elimination of the common towel and of other disease-spreading devices this danger has been reduced to a minimum. Children suffering from these diseases should be immediately excluded from school and readmission not be permitted until proper certification of recovery from the illness has been made.

Medical inspection and inquiry should be made in respect to immunization against dangerous diseases such as smallpox, diphtheria, and, as successful preventives are discovered, against poliomyelitis and perhaps other diseases. Some schools offer free vaccination against smallpox, but little effort is made to immunize against diphtheria. Recent campaigns in this direc-

tion are very promising, however. Usually immunization against these diseases is accomplished by public clinics or health centers or parents are persuaded to have it done by the family physician. The White House Conference recommends that immunization against both of these diseases be required by both board of health and school regulation.

(4) Classification of the Seriously Handicapped

Compulsory education laws should provide for school attendance by all children whether handicapped or normal, with the exception, of course, of those who are incapable of education. The examination of the children should then reveal the particular defects from which each child is suffering and the educational plan for the child should depend on the findings. Certain defects are so serious that special schools or special classes are necessary to make proper provision for the sufferers therefrom. In the case of the blind and the totally deaf this need is perfectly obvious, but the partially seeing, the hard of hearing, the crippled, the stutterers, the undernourished, the cardiac cases, and children inclined to tuberculosis should also be detected and appropriate plans for their care, treatment, and education provided.

Often parents are not aware of the defects and allow their children to continue work in a normal way quite oblivious of the fact that irremediable effects may follow. Careful examination by the physician should determine whether certain children should be segregated into special groups or whether individualized control by teacher or nurse is advisable. As a general rule, children should not be segregated unless a serious condition exists, but in case the child remains in the regular classroom, his education must not be allowed to suffer.

The functions of the school in respect to the seriously handicapped are to discover the defect and determine its seriousness, notify parents as to the nature of the child's condition, provide separate classes when desirable, place each child under special guidance in case he remains in the regular classes, and provide an educational program suited to the needs of each group.

(5) Health Record of Children.

The educational record of a child should be paralleled with a health record which covers his growth and physical development, the diseases which he has had, the defects originally discovered, action in respect to their removal, effect of removal on child, defects that cannot be removed, health conditions, and other information necessary when the child receives the physical examination preparatory to obtaining a work certificate. The health record should also contain such facts relating to mental health and soundness as may later be needed for practical purposes.

(6) Dental Service

Proper care of the teeth is a pre-school obligation, but this fact does not justify the schools in ignoring the problem. The discovery of dental conditions that require modification or correction must be supplemented with a practical program. Dental clinics operated either by the schools or by the public health departments in close contact with the schools are a necessary part of the service. The White House Conference states that, in cities of 10,000 population or over, approximately 50 per cent of the school systems support some kind of clinic, usually a dental clinic. Frequently the service rendered by these clinics is comparatively meager. Although emergency needs are usually met, a case of dental caries is ordinarily referred to the parents and in many instances remains neglected. Dentists frequently object to clinic service at a cost lower than the professional fee, with the result that neither the clinic nor the parent acts and the child continues to suffer unattended.

Certain functions of the school in relation to dental hygiene are gradually being accepted. To train children in the care of teeth, including both mouth hygiene and the development of sound teeth surely is an educational function. A nutrition program must not only be taught but success achieved in its acceptance. A dental service would also result in sufficient promptness in handling dental disturbances so as to promote study and to lessen irregularity in school attendance. It has

distinct educational aspects and may easily be justified on that basis. Many believe that the schools should take the initiative and should provide the machinery and the professional service for dental care and that, in case parents are unable to pay the cost, it might be borne by philanthropic agencies, public or private.

The problem of defective teeth, from the standpoint of treatment, can be met more easily when a definite program of health insurance has been established. Children can then receive the attention required, while the schools continue to carry out the educational service. Meanwhile the interests of children must receive first consideration, whether the methods used are agreeable to the dental profession or not. For the present an extension of school clinic facilities offers the best hope for an adequate dental service.

b. Administration of Health Service.

The organization of a system of health and medical service is strongly influenced by the goal to be achieved. Inspection to discover communicable disease was followed so quickly by examination for non-communicable disease and physical defects that the problem of organization, instead of remaining simple, at once became exceedingly involved. The war against communicable disease is a proper function of the health department, but invasion on the part of the schools is resented by school boards who claim that medical inspection of school children is only a special application of the work of the school department of hygiene. Compulsory vaccination, immunization, quarantine, and other precautionary measures are logical phases of public health work and access to the sources of contagion should not be denied the health department, even though it necessitated the examination of school children.

Boards of education have contended that the health, cleanliness, and physical conditions of the school child, apart from the presence of contagious disease, are closely bound up with his school work and that efficient health service can best be accomplished by carrying on the work themselves. Statistics

soon demonstrated the fact that contagious disease cases constituted not more than approximately 5 per cent of all the cases needing attention. Accordingly the work of inspection is more nearly allied to the natural functions of the larger education than to those of a health department. Defective vision, deafness, adenoids, defective teeth, malnutrition, stammering, cardiac troubles, and subnormal development directly affect capacity for education and necessitate a corrective program in order to enable the pupil to obtain the maximum of results from his school work. The promotion of health and physical efficiency is a necessary antecedent of capacity for educational accomplishment. Teachers and parents must under any conditions participate in the health program; the building equipment of the schools must be used, even the play facilities are involved; why then should not the health service remain an integral part of the tasks of the school authorities?

Medical inspection originated with the health departments. Of the first ten cities in the United States having more than 200,000 population each, nine began medical inspection as a branch of the health department. Several established child hygiene divisions to deal with the problem. The majority of metropolitan cities adopting systems of health service in later years have utilized the school officials for this purpose and the present tendency is clearly in this direction.

In 1930 the administrative system operating in 49 cities having a population of 100,000 or more was classified by the United States Office of Education. Among the facts obtained were the following: in 30 cities medical and dental inspection is under the direction of the department of education; in 13 it is under the department of health; in the remainder the administration is divided; in 11 cities the control of communicable disease is placed under the department of education; in 26 under the health authorities; in 10 it is administered conjointly.¹ Out of 35 cities from which nutrition work was reported separately,

¹ Rogers, James F., *School Health Activities in 1930*, Pamphlet No. 21, United States Office of Education

27 directed the work through their school boards and in 80 per cent of the cities the sanitation of buildings and grounds was also under their control.

Information was obtained from 112 cities ranging in population from 30,000 to 100,000. In 78 per cent of these cities medical inspection was under the department of education, in 14 per cent under the department of health, in 60 per cent dental inspection was administered by the school officials, and in 15 per cent by the health authorities. Other services, such as physical education, health education, and nutrition work, were, as far as these services were given at all, almost exclusively under the administration of the boards of education. The control of communicable diseases, however, was in the hands of the health officials in 40 cities, in those of the educational authorities in 16, and the task was administered conjointly in 34 cities.

In the smaller cities the statistics indicate a relatively larger use of the school officials for health service, admitting, however, that in many of these cities little if any health work is done.

In the rural and semi-rural communities the investigator for the Office of Education found very unsatisfactory conditions. In a large proportion of the American counties there is no health program at all, but in many the work, according to the report, was in charge of the county health officer; in others a nurse was in charge, in a smaller number physicians administered the health service, and in a few there was a variety of arrangements. Medical inspectors are employed in many counties, some being paid by the county, others by the school boards. Frequently they are on part time only. On the other hand, many full-time nurses are now at work and they in connection with those on part time serve about 50 per cent of the 1,500 counties from which information was secured. At present the greatest reliance for health service in the rural communities of the country is on the nurse. On her falls the burden of examination, discovery of minor defects, recommendations, follow-up work, and in some cases emergency treatment.

c. Nutrition Service.

Discovery of irregular physical development among thousands of school children and of malnutrition among other thousands has led to the organization of nutrition clinics and classes and to greater efficiency in teaching the essentials of sound nutrition as part of the educational program. Work of this type began in Boston in 1908, but made little progress for many years. Figures collected in New York City placed the proportion of malnourished among the underprivileged as more than 21 per cent of the school children. As a result nutrition service was assured. Impetus to the program was given by the American Red Cross, which immediately after the World War decided to give it some prominence in its post-war service.

Nutrition service is important because physical and mental development, growth of bones, hardness of teeth, glandular activity, height and weight, and other physical conditions depend largely on nutrition. It must, however, be considered in connection with other factors such as housing, sunlight, air, freedom from disease, overstrain, and the minor defects of the body, all of which assist in determining the effects on the individual of the food consumed. Many children eat enough food of the proper kind but are unable to assimilate it and therefore seem to suffer from malnutrition. Others need special foods so that certain organs of the body may develop normally.

The needs of school children vary widely and therefore the nutrition program must present services such as clinics, classes in nutrition, serving of special foods, instruction in eating habits and in preparation and use of foods, weighing and measuring of malnourished children, and follow-up work for serious cases of malnutrition. After the clinic has isolated children in need of special training, the nutrition class can continue the program by instruction in diet and in health habits. A chart is made out for each child and the changes in physical condition recorded. If progress depends on the removal of certain defects, efforts are made to secure their removal. Parents are asked to

cooperate and are instructed in the special needs of their children. In order that the peculiar requirements of certain children may be met, appropriate foods may be given or sold, particularly if proper provision cannot be made by the parents. Unless instruction can be turned to practical account it is useless, and in many sections of our large cities the ignorance of the parents makes the training of the children of no immediate value. The feeding of school children must, however, be so integrated with the family welfare program of the organized philanthropies that the program will always remain consistent with the requirements of scientific social service.

Normal children are also in need of training, and therefore the nutrition service should reach every school child. To know about proteids, carbohydrates, minerals in foods, vitamins, iodine, the effects of heat, and the comparative value of different foods is a matter of profound importance to everyone. Consequently problems of nutrition should be taught as part of the regular course of instruction and should be presented by persons specially trained for such work.

The White House Conference recommends that the school lunch be made a factor in the nutritional program and that it provide at least one-third of the daily food requirement of the child.¹ It also recognizes the obligation of the school to provide lunches for children who live at great distances or who would not receive suitable food if they went home at noon. The school lunch system began apart from a formal nutrition service and was intended largely for the benefit of underfed school children. It has now grown into a general system that, in many communities, provides lunches with or without charge to pupils according to their economic condition. Gradually the feeding of school children is being integrated into the nutrition program and the school authorities are assuming control.

The plan of providing meals for school children was begun in several European countries before it was tried in the United States. England in 1906 empowered the educational authorities

¹ *The School Health Program*, pp. 121-122

to supply food to children at the expense of the school fund. In a single year after the enactment of the law, fifty cities took advantage of this opportunity. In England, however, the public schools stand close to organized philanthropy and lack the dignity accorded them here. Accordingly philanthropic work with school funds was not an anomalous procedure as it would have been in this country. Voluntary efforts to provide food for school children preceded the public acceptance of this task, but certain costs for fuel and equipment had already been assumed, so that the final step—to provide food—was simple and easy. Continental countries have carried out similar legislation.

In the United States the necessity of providing cheap noon lunches gradually became apparent. As a consequence in New York City in 1909 and in Philadelphia in 1910 a number of lunch rooms were established. At first they were operated by committees of private citizens and one-cent and three-cent lunches were sold to the children. In the five schools in Philadelphia having these lunch rooms, from 21 to 58 per cent of the children took advantage of the opportunity and justified the innovation by increasing in weight, stature, grip, and lung capacity more rapidly than the children who refused to patronize the new institution. The children were not permitted to choose foods according to whim or fancy but were required to eat certain combinations—a rule made necessary by the tendency to select the more tasty but less invigorating foods. From this humble beginning, school lunch rooms have spread throughout the country and are now found in some elementary schools in four-fifths of the cities with a population of 100,000 or more.

In many smaller cities progress has been made in the introduction of the school lunch. Some work has also been done in the rural schools, but the latter suffer most seriously from lack of equipment and of genuine opportunity for the establishment of an adequate lunch service. According to the special report by the Office of Education, about 20 per cent of the rural schools from which information was obtained made some provision for

a hot noon lunch.¹ In the great majority of rural schools the child is still required to eat a cold lunch packed in pails or baskets since early morning and therefore none too palatable at noon. In the winter time much of this food is quite unfit to eat.

The school lunch service in the great majority of cases is now administered by the school authorities by whom also the equipment is provided and the workers paid. Since no attempt is made to profit from the service, the cost of the foods is much below the commercial rate and usually less than the cost to the parents. As a consequence the cooperation of the parents in providing money and enabling their children to buy lunches can be obtained. School lunches not only benefit children physically but they teach cleanliness, the cost value of foods, table manners, and taste in the arrangement and serving of food. They stimulate the child to better study and also serve as object lessons in household economy. In the larger cities the service is under the direction of trained dietitians, but in smaller communities it is generally managed by the teachers. In some instances the control is still from outside, the task being entrusted to parent-teacher organizations or other groups of philanthropic women.

Although the cost of school lunches is low, large numbers of children are unable to pay the little that is charged. For these, special arrangements must be made. Since the principle has been generally accepted that school monies must not be used for relief purposes, special provision must be made for the free feeding of the children of indigent parents. In many schools, pupils unable to pay are given a chance to earn their lunches, in fact student help is generally desirable, because otherwise the burden on the teachers and regular staff will be too heavy.

Soon after the free feeding of school children became a social problem, the National Congress of Parents and Teachers became directly interested in practical plans for providing food. Accordingly for many years local parent-teacher associations

¹ *School Health Activities in 1930*, Pamphlet No 21, p. 33

have provided free milk for children unable to pay. The pre-eminence of this organization in this field of philanthropic effort has now been generally recognized, so that in most communities it is free to carry out its feeding program. In cities where the school nurses select the children for free milk, the procedure is quite satisfactory, but in communities where the organization must make the selections directly, the plan is less efficient. Usually trained workers are not available for the task, but in smaller towns the economic needs of certain families are fairly well known and therefore the women in charge of the work may make fairly accurate selections. Volunteer service, however, does not lend itself to continuous follow-up work and as a consequence the case-work needs of a family are not generally met. On the other hand, through cooperation with the family welfare agencies, the parent-teacher associations are greatly improving the effectiveness of their work. Since the advent of federal relief, the public relief-giving agencies have in some instances made direct provision for the feeding of school children and have integrated the needs of the children with those of the remainder of the family. Usually the underfed child represents an underfed family and the service program should extend to the entire family. Nevertheless the free feeding of school children as a separate item has considerable merit and is a problem that cannot be ignored. In the long run families as well as children must be cared for, but at any one time the child deserves primary consideration.

3. Health Education.

The purpose of health education is as follows: to promote hygienic habits in the individual; to acquire the principles and ideals of health; to understand the elements of disease prevention, to develop a social attitude toward health problems and become interested in community health. Health education has become an essential part of the public school curriculum, to be provided both in the elementary and the secondary schools. At first the child will be interested largely in his health and that

of his family, but gradually the larger aspects of public health can be effectively taught.

The movement for health education was accelerated by the "modern health crusade" promoted by health organizations such as the anti-tuberculosis societies and similar bodies. Systematic instruction and training in health habits, however, are much superior to irregular efforts to stimulate interest in them. In the schools, health instruction can be linked up with other phases of the health program including play and recreation, safety education, and nutrition work. In view of the fact that thousands of children are accidentally killed every year, instruction in accident prevention has become an important phase of the problem. Health education should be adapted to the needs of various communities but should ever emphasize its social aspects.

4. Summer Camps and Outings.

In New York and other cities with congested populations a movement to provide fresh-air facilities was instituted several decades ago. The plan consisted of establishing fresh-air farms or camps and bringing to them underprivileged children for a short stay ranging from one day to three or four weeks. The chief aim was to build up the health and the strength of the child so that he would be able to resist the undermining effects of another year of living under unfavorable conditions in the city.

Camps were also established for mothers and children, thus enabling both groups to gain the advantage of fresh air and the contact with nature. This program was attempted partly to reduce the mortality among babies and small children, partly to make mothers more efficient. Its success has led to the establishment of a great variety of summer camps, some for certain types of children, some for others. Many settlements now conduct regular summer outing camps and send to them the children considered in special need of the invigorating effects of the camp experience. Although in the earlier years of the camp move-

ment many sickly children were accepted, such children are now considered the proper subjects of medical care and are usually not admitted to the camps.

The general rule today is that a child taken to a summer camp must be well at the time of acceptance and not in immediate danger of any contagious disease. In order to protect the children against contagion the camp authorities usually isolate newcomers for a brief period of time, and they take precautions to exclude a child who may be a disease carrier. The slightly subnormal, anemic, and malnourished but disease-free child should be preferred for summer camp opportunities and should be allowed to remain a sufficient length of time to enable him to gain some of the advantages which contact with nature and outdoor life affords. The results express themselves both in physical and mental gains of tremendous significance. Many city children know little about the green fields or the flowers and on coming to summer camps enter a new world. The psychological effect is quite as important as the wholesome physical consequences. The writer is still sadly reminiscent of the greedy lines of boys and girls who fought to obtain a few of the flowers given away to children once a week at one of the flower missions in New York City.

Day outings consisting of an opportunity to visit one of the city parks or some other breathing place represent one of the standard functions of some of the social agencies, particularly those interested in health. The Salvation Army has conducted outings of this type in many cities for a considerable period of time. Again the mothers and children selected must fit into the pattern made by the organization. These brief outings do not accomplish the results obtained by the more protracted stay in an outdoor camp, but they do have exhilarating effects and are very beneficial to the individuals who have been favored.

Better transportation facilities than formerly now make possible a larger attendance at camps and also develop new types of camps. Many children also are able to pay in part for the service provided. Furthermore, camps no longer concern

themselves solely with the health aspects of child welfare, but afford opportunities for wholesome play and fun and for the study of plant and animal life

Quite apart from the fresh-air and summer camps intended primarily for health purposes are the camps regularly operated by the Young Men's Christian Association, the Boy Scouts, the Camp Fire Girls, and other organizations. Although health improvement represents one of the goals, these organizations are interested more largely in the character-building and educational effects of the experience and in the release from the tension of constantly living in a crowd. Most summer outing camps of this kind are operated by private philanthropy.

QUESTIONS FOR ADDITIONAL STUDY

1. Make a study of the health service of some particular school system.
- 2 How much remedial work is done to supplement the findings of child welfare centers?
- 3 How can school and health departments best correlate their efforts?
- 4 What are the chief functions of anti-tuberculosis and public health associations?
- 5 How can better preventive health work be organized for rural and isolated communities?

SELECTED REFERENCES

- American Child Health Association, *Health Survey of 83 Cities*, 1925.
- Cabot, R. C., "Hospital and Dispensary Social Work," in *Hospital Social Service*, October, 1928.
- Davis, M. M., and others, *Clinics, Hospitals, and Health Centers*, 1927.
- Davis, M. M., and Warner, A. R., *Dispensaries*, 1918.
- Moore, H. H., *American Medicine and the People's Health*, 1927.
- Odencrantz, Louise C., *The Social Worker in Family, Medical, and Psychiatric Social Work*, 1929.
- Russell Sage Foundation, *Social Work Year Book*, 1935, articles on Maternal and Infant Hygiene, Clinics and Out-Patient Departments, etc.
- United States Children's Bureau, Publication No. 203, *Promotion of the Welfare and the Hygiene of Maternity and Infancy*, 1929.
- , Publication No. 30, *The Child from One to Six*, 1934.
- , Publication No. 205, *Posture and Physical Fitness*, 1931.
- United States Public Health Service, *Public Health Bulletin*, No. 49.

"Ophthalmia Neonatorum, Analysis of Laws and Regulations relating to the Prevention of Blindness in New-born Children," 1921.

White House Conference, *Child Health Centers*, 1932.

—, *Hospitals and Child Health*, 1932

—, *Nutrition Service in the Field*, 1932

—, *The School Health Program*, 1932

Williamson, Margaretta, *The Social Worker in Child Care and Protection* 1931.

CHAPTER X

CARE AND TRAINING OF THE PHYSICALLY HANDICAPPED

It is now generally conceded that the school authorities should educate the exceptional as well as the normal children. The physically handicapped child should not be educated by philanthropy, but by the school system, either state or local. The education of these classes must not interfere with that of the normal children, but all are entitled to the advantage of an education, even though the labor expended on one group exceed that expended on another. A thorough medical examination must precede the separation of children into groups or classes for special instruction. Those physically incapable of meeting the ordinary requirements of class work need to be segregated for special work, some to be educated by the local schools, some by the state. The better-known groups are the blind and the deaf, but in addition are the crippled, those with defective speech, the anemic, and the tubercular group.

1. The Blind.

Every state should provide an institution for the education of its blind, and provision for the maintenance of the children must also be made either in whole or in part. The state schools should enroll all blind children in the country districts and in the smaller communities where the number of blind is not sufficient to make the establishment of classes for the blind possible. Education should be made compulsory, but ten states still fail to make their laws apply to the blind. The state should make ample provision for the indigent blind and if necessary should pay all expenses directly. It is far better to spend money on the education of blind children than to give permanent relief in the form of pensions.

Although most of the earlier schools for the blind were organized by private philanthropy, nearly all recent schools are conducted under public auspices. It is desirable that many blind children be educated at home rather than sent to a residential school. Accordingly every large city should establish a special class or school for these children. Occasionally, however, a blind child should be sent to the state school because residential care will best fit his peculiar needs. Every state should encourage local school boards to educate their blind by granting a subsidy to cities establishing classes. A number of states now do so, a good example being Missouri which pays a maximum of \$750 per year to a local school board operating a class of ten pupils or more. The subsidy is justified because otherwise a local community not only supports its own local school for the blind but is also required to contribute through taxes to the support of the state school.

In 1930 the state schools for the blind had an enrollment of about 5,400 pupils, and the twenty-one cities with local schools enrolled slightly more than 400. It seems therefore that, out of the 15,000 blind children in the country, less than 6,000 are actually being educated, and that compulsory education is not seriously enforced.¹ Some of the children are under school age and lose several years of valuable time before they are entered in school. If any group of children require pre-school or kindergarten training it is the blind, since at best it is difficult for them to adjust themselves to the numerous contingencies of a seeing world. In Cleveland some training for blind children of pre-school age is given.

The preliminary education of the blind both in state and city schools is similar to that of seeing children. It is naturally somewhat slower, and the majority of children are in the lower grades. Reading is comparatively slow work, but the Braille system of print makes writing by the blind simpler than before, and relief maps are used, for the sense of touch must be sub-

¹ White House Conference, *Special Education, the Handicapped and the Gifted*, p. 244.

stituted largely for that of sight. On the whole the education of the blind must proceed along physical and industrial lines. Compelled to grope about, the blind lose their firm and erect posture, and unless carefully trained they suffer physically; consequently, systematic gymnastic exercise, athletic sports, and various recreations must be provided. Heart and lung action is improved thereby and a better posture is assured.

Although the blind can acquire a considerable formal education because of their hearing, the problem of self-support is a difficult one because so little can be done without eyesight. While the blind may rise to high intellectual levels, they are not easily made capable of self-support. They are restricted to a very small number of occupations, the principal ones being teaching music, piano-tuning, broom-making, chair-caning, weaving, and basket-making. Each student must be thoroughly trained, or competition from seeing people makes self-support impossible. If the school cooperates with the home and stimulates interest in the blind child, parents become more hopeful and better results can be achieved.

A serious problem in many schools for the blind is the proper segregation of boys and girls. It is difficult to prevent the blind from marrying the blind, yet nearly every instance of such marriage is a tragedy. The spirit of independence and the duty of self-support must be religiously taught or frequent inter-marriages among the blind will follow and the community be compelled to support a family of children, as very few of the blind can provide for more than one additional person.

Training of the blind is of little value unless effective employment service is also rendered. Vocational adjustment through the schools promises the best results, but the larger plan of employment agencies in connection with a system of employment insurance may necessitate service for the blind through these bureaus. To be successful the work must be established under special departments for the handicapped and placed under the direction of specially trained agents.

In many local schools the blind are not entirely segregated

from the seeing, but under certain conditions recite with the regular seeing classes. Usually the small children must be trained separately, but after the third or fourth grade is reached, it becomes possible for both seeing and blind to do a certain amount of work together. In preparing their lessons, however, it is generally necessary for the blind to be provided with special rooms and special equipment with a trained teacher in charge. Chicago and Cleveland are significant examples of cities in which efforts are made to combine the work of the two groups whenever possible.

2. The Partially Blind.

According to the estimate given in a table in a previous chapter, the partially blind number about 50,000. Children whose capacity for sight is indicated by the fractions varying from $\frac{20}{70}$ to $\frac{20}{200}$ are considered partially seeing, but those with less sight can make no practical use of their seeing powers and are classified as blind. Many children, however, who have full visual capacity at present but suffer from a disease or condition that will inevitably injure the eyesight are considered among the groups needing the care and attention that is obtained in sight-saving classes. The partially seeing include those who will inevitably become worse, and those who under wise care will retain the eyesight they now have. The differences raise serious administrative and educational problems, because the plan of treatment and the program of work for the two groups should be adapted to the needs of each. Disagreement in respect to the handling of the near-sighted also complicates the situation.

In 1913, Roxbury, Mass., established the first sight-saving class in this country. Impetus to the movement was given in 1919 and each succeeding year saw a larger number of classes organized until in 1930 there were 350 special classes of this type.¹ At first most of the sight-saving work was carried out in separate classes, but gradually the desirability of reducing

¹ *Ibid.*, p. 120.

separate instruction to a minimum was recognized. Accordingly in the majority of cities where such work is conducted, the partially seeing do as much work as they reasonably can with the seeing pupils; for example, physical exercises, play, and singing. Other work that depends directly on their eyesight they do in separate rooms. Such a plan minimizes the difference between the two groups and does not lead to invidious distinctions that might otherwise be made. As in the case of the blind, the partially seeing need vocational guidance and adjustment. Furthermore they require a form of service that will give them individual attention. They cannot depend on the general vocational bureaus, as these bureaus usually find themselves too busy to handle individuals who are handicapped even ever so little.

3. The Deaf.

Nearly every state now operates a school for the deaf, and in addition there are many private residential schools. In 1933 the enrollment in these institutions approximated 15,000¹ and the number of day schools exceeded 100 with an enrollment of somewhat more than 4,000. Accordingly there were about 20,000 children in all types of schools for the deaf, out of about 300,000 deaf and hard-of-hearing children needing special educational attention. Unfortunately many of the compulsory education laws do not require the education of the deaf but merely make such attendance permissive. As a consequence there are thousands who not only fail to receive a proper education but probably are also physically neglected.

Wisconsin early assumed the leadership in establishing day schools for the deaf, but Ohio, Michigan, and California have each ten or more schools. In a number of states a subsidy system similar to that established for the blind is in operation, and this no doubt has stimulated the development of local classes. As in the case of the blind, deaf-mutes should be given training in the pre-school age. Institutions such as the Central Institute

¹ *American Annals of the Deaf*, January, 1934.

for the Deaf in St. Louis have been able to accomplish marvelous results with children from two to five years of age, and accordingly have received students from many parts of the world. At present the burden of training very young children rests largely on parents. They should therefore be guided by the trained experts from the schools, pending the transfer of the children to the schools.

Since children born deaf or acquiring deafness very early in life eventually become dumb, they formerly were taught the sign language, using signs and gestures to express themselves. In recent years an oral method has been developed, and children now learn to articulate by means of "lip reading." Many of the deaf acquire considerable power of speech, but in this respect the congenital cases are much inferior to the others, although the hearing of the latter may have been destroyed within the first two years of life. The majority of children are now taught by the oral method, which enables them to converse with the hearing.

Intellectually the deaf suffer serious disadvantages. The blind can master a formal education more rapidly than can the deaf, and their scholastic attainments are much superior, but that eyesight is an invaluable asset for industrial efficiency is evidenced by the fact that few of the deaf receive charitable relief, while many of the blind are so assisted.

Many of the deaf are physically subnormal, this condition being both cause and effect. An important effect is inferior lung and chest development, due in part to the failure to use the organs of speech. The oral method of communication will lessen the difficulty, but physical training is necessary to develop properly every part of the body that fails to receive sufficient exercise. The deaf shuffle their feet, walk awkwardly, and are poorly balanced.

Industrial training is very important, and certain occupations are so adapted to the deaf that self-support is within the reach of all. The state schools especially, but some of the city schools as well, emphasize vocational training, cooking, sewing,

and household economy for the girls, and shopwork, sign-painting, bookbinding, pottery, and printing for the boys. In a limited number of occupations a sense of hearing is not necessary either for efficiency or protection against accident. Such occupations naturally become the field of work for the deaf, but a special employment service is necessary to secure for them these positions.

4. Crippled Children.

The first step in an educational program for crippled children is a systematic and periodic census of their number by local school boards and state departments of education. Provision for enumeration is made by many states but the majority do not make the education of crippled children compulsory. Accordingly when attendance officers find children incapable of attending school without assistance, many school boards quietly overlook the findings with the result that the crippled children remain at home uneducated and unattended. This policy is wrong and unfair and should be reversed. Compulsory education should apply to crippled children, and states or local communities be required to make that provision which will guarantee them an education equal to that given to normal children but adapted to their peculiar needs. Many untrained crippled children will eventually become dependent upon the public because parents and relatives find themselves unable to carry the burden of support.

The first institution for the care and education of crippled children was established in Bavaria in 1832. London, however, was the first city to organize a class for them as a part of the public school system.¹ In this country Chicago began the plan but progress has been slow. In 1930 special classes with an enrollment of nearly 10,000 cripples were conducted in ninety-five different communities. Chicago still led in the number of pupils enrolled but New York City was a close

¹ Heck, Arch O., *Education of Crippled Children*, Bulletin No. 11, Office of Education, 1930, pp. 4-5

second.¹ Education is also provided through the state hospitals for crippled children established in a number of states and through the hospitals connected with the medical schools of state universities. Minnesota, in 1897, appropriated a sum of money for the building of a state home for crippled children and Iowa in 1915 established a children's hospital that has justly become noted throughout the country.

Various social agencies coming in contact with the crippled children in their homes began agitation for the establishment of special schools and for better orthopedic care for such children. Although the educational authorities at first opposed the plan, many of them later agreed to coordinate education with medical care. The better plan is well illustrated in Los Angeles where in 1934-35 the enrollment of crippled children was as follows: in elementary school classes, 702, in continuation and high-school class, 119; in hospitals, 11, enrolled for instruction at home, 412. A program such as this brings certain types of children to the schools and carries education to others who cannot be brought. It likewise brings education to children while they are being given orthopedic care in hospitals. Corrective physical education is given to those who suffer from remediable conditions, but cooperation from the home is necessary to produce the best results.

At first private organizations provided transportation for crippled children, but boards of education now regularly furnish busses for this purpose and assume the cost. They also equip the school buildings with appropriate chairs, desks, and tables, ramp instead of stair entrances, etc. In several cities children needing periodic orthopedic care are transported to the hospitals or clinics where such care is given. In the schools of several large cities, provision is made for orthopedic treatments, thus making transportation to the hospitals unnecessary.

Although Iowa has been distinguished for the work it has done for crippled children coming from the smaller commu-

¹ White House Conference, *Special Education, The Handicapped and the Gifted*, pp 34 ff

nities, a state-wide plan cannot be attempted everywhere. With the construction of good roads children can in many cases be sent to the special schools in the cities, or a county-wide school may be organized and conducted under the auspices of the county board of education. A system of state aid would stimulate local activity by reducing costs. Approximately ten states now provide aid in some form, such as the grant of specified sums for each crippled child enrolled, or for each class organized, or the assumption of responsibility for the difference between the cost of educating a normal and a crippled child.

The mental level of crippled children is below that of the physically normal. Crippling does not inherently lower the mentality but in a large number of cases the crippled condition accompanies mental weakness or defectiveness. The educational program must therefore be made sufficiently flexible to deal adequately with the various types of children, and, owing to the fact that in most cities the different mental grades cannot be separated from each other, an adjusted curriculum must be prepared.

Vocational guidance and training are also very important. Again we have a handicapped group that cannot easily find industrial employment. Therefore the potentialities of each child should be studied as soon as possible, pre-vocational training be given, and special efforts made to equip him for special types of work. When his school work is over, the pupil should be aided in finding a position and if possible should be supervised so that he may become a stable workman.

5. Speech Defectives.

Although more than 1,000,000 children between the ages of five and eighteen are defective in speech, efforts to correct these defects are of very recent origin and are confined entirely to city school systems. The children differ so much from each other in respect to type of defect that class work in dealing with the problem is difficult and for many children quite impossible. Defects range from easily remediable to incurable conditions,

but about 95 per cent are believed to be curable, most of them by standard methods and the remainder by the application of specialized effort. Many small children suffering from a speech defect will gradually overcome it without receiving special attention.

The first step in promoting speech correction is careful examination of the younger children in order to discover both the nature of the defect and as far as possible its causes. Children needing special attention should be permitted to do their school work in connection with other children except for the limited periods of time when they are being specially trained in corrective work. Many defects are of such a character that individual attention is necessary, but the majority must be trained in groups, some large, some small, otherwise boards of education will not defray the cost of service.

Speech clinics are needed for the diagnosis of speech disorders. In rural communities one such clinic located at each county seat of government would prove most helpful and would make possible the beginnings of a program for the rural children. To make the work successful, trained teachers are necessary and teacher-training schools must add to their present curriculum a series of special courses adapted to speech-correction work.

Corrective work is, in many cities, confined to the upper grades, but the demands of both efficiency and economy would be served if children were reached as soon as possible. The curability of a case could more easily be determined in the younger child and appropriate steps taken to deal with special situations.

6. Anemic and Tubercular Children.

By means of the physical examination of children many cases, having no outward evidence of physical defect but lacking strength and vitality, are discovered. Some of these children are so distinctly in need of special attention that the schools can no longer ignore the challenge.

The first school for children of this type was established in Germany. In 1904 an open-air school was started in a pine forest near Charlottenburg—a suburb of Berlin. Children were protected from inclement weather by shelters but the major portion of their time they spent out in the open where the air was made invigorating by the odor of the pines. Weak and anemic children and others touched as yet but lightly by disease were selected for the experiment. Acute tuberculous cases were not admitted, since they did not fit into the program that was to be followed. The initial school term lasted three months. The daily routine for each child consisted of breakfast, class instruction, light luncheon, physical exercises, rest, dinner, sleep, food, instruction, and play. Emphasis was placed on good food, the periods of school work were made comparatively short, adequate sleep and rest were provided, and medical oversight was given. Remarkable results soon appeared; among them the following: many children became perfectly normal, others gained in weight; some improved in temperament; most of them increased the efficiency of their school work. The original school opened with 107 pupils, but very shortly the number was increased to 250 and the term lengthened to eight months. This auspicious beginning of open-air treatment for school children soon blazed the way for similar experiments throughout western Europe and America.

The first open-air school in England, opened in London in 1907, at once achieved results similar to those of its German prototype. Soon other schools were established in England, including schools for active tuberculosis cases under the direction of the educational authorities. The latter type was similar to the hospital or sanitarium schools now conducted in many American cities. According to the original English plan, three types of children were to receive care and attention: children returning from sanatoria, active tuberculosis cases, and children coming from homes where someone was suffering from the disease. Apparently no clear distinction was made between the active cases and the children predisposed to tuberculosis.

The first American experiment with an open-air school was made in Providence, R I , in 1908, but Boston and New York City soon followed. Since then the movement has become quite general, the White House Conference reporting 126 cities as having joined the procession. Probably the best example of consistent progress was furnished by the city of New York which had 176 open-air classes in operation and planned to add an open-air room to each school building to be constructed in the future. The enrollment in fresh-air schools and classes in the United States in 1930 was 40,000 ¹

This movement has had a very interesting history. Private agencies were forced to take the initiative in the establishment of the schools but soon they succeeded in gaining the assistance of the educational authorities. The latter had often dismissed from school children whom they considered tubercular. Anti-tuberculosis societies and other agencies coming in touch with these cases then agitated for the proper treatment and education of such children. At first many cities experienced difficulty in obtaining a proper site for their open-air schools. Roofs have been used and special efforts made to find locations in healthful districts where the air is fresh and clean and free from smoke and fetid odors. For the children requiring considerable outdoor treatment, such locations have proved quite necessary.

Owing to the fact that the childhood type of tuberculosis is now differentiated from the adult type and the positive reactors also distinguished from the children reacting negatively, locations for schools must be adapted to the varying needs of these different groups. For the pre-tubercular, on the whole, open-air classes and rooms in the regular school buildings are sufficient. Accordingly it is recommended that every city school building be equipped with open-air facilities, and that in rural schools an appropriate nook or corner be set aside for similar purposes. Children who test positively but are not advanced cases require a combination sanitarium and schoolroom, which should be located where nature's curative powers can best exert themselves.

¹ *Ibid* , p. 6.

The daily program of the children in our open-air schools follows the general plan adopted by the original schools. Rest and food must alternate with work and play, otherwise the body will not counteract the undermining influences that have been at work. Although the schools may furnish the cots, special suits needed, and other equipment, they do not generally supply the food required by the children. This burden has usually been borne by private or public philanthropy, such organizations as parent-teacher associations, anti-tuberculosis societies, and family welfare agencies bearing the brunt of the cost when parents are unable to pay for their children directly. In some cases the boards of education defray the entire cost of open-air school work, but the restrictions placed on the use of educational funds generally forbid this practice.

Classification of children according to physical condition is an essential feature of the program. The present-day tuberculin test and the X-ray together make a very accurate diagnosis of physical condition possible. The malnourished, the ones with arrested tuberculosis, children who tire easily, those suffering frequently from throat or lung troubles, and those who are in contact with tuberculosis or are tainted with a history of the disease in their families—these types should be sent to the open-air schools. Children who are positive reactors, if incipient cases, should be sent to day camps or sanatoria situated in healthful localities and should be given medical treatment as well as educational care. Day camps may be located in a variety of strategic places, for example in parks, on roofs of schools or hospitals, on boats, along the seashore, and in nearby wooded areas. Children suffering from the more serious form of tuberculosis, particularly the adult pulmonary type, should be hospitalized. Most of these children, however, are not too ill to carry on a certain amount of school work, and therefore should be placed under the supervision of a teacher from the board of education. Institutional treatment unless punctuated with school training or occupational therapy is most wearisome and also occasions a serious loss of time. Furthermore such training

produces valuable therapeutic effects. In addition to the groups requiring specialized treatment there are many children, some of whom are under school age, whose chief need is several weeks of rest and recuperation every summer in some outing camp or fresh-air farm. These must be cared for by our philanthropic agencies and do not come under the purview of the public school system.

A follow-up service should be made an important part of the program for the anemic, malnourished, and tuberculous types. There is need for either the employment of a public health nurse or of a medical social service worker. Without the cooperation of parents and other members of the family, it is difficult for the physically handicapped child to retain the gains made in the school, camp, or sanitarium. The regimen of the child at home and in the community must be integrated with that required by the agency furnishing care and treatment. The required social service may be furnished by philanthropic agencies, but the welfare and nursing departments of a school system often give material assistance to these agencies so that their task may be greatly simplified.

7. Cardiopathic Children.

The prevalence of cardiac conditions and the discovery of these handicaps have led to plans for the care of the thousands of children affected. Ignorant of their condition, the schools in the past have been impatient and unyielding, with the result that the children with weak hearts have become irregular in school attendance, failed to maintain their standing, or dropped out of school altogether. In a few cities only have special classes for children of this type been established, but as our understanding of the need grows, a system similar to that operated for the pre-tubercular may reasonably be expected. Cardiopathic children should be placed on the ground floor of a school building, their play and exercise should be adapted to their physical condition, rest should be required and provided, and medical supervision should be given. Such corrective work as the school

can give should, of course, be made a definite part of the daily regimen of the child.

Many children are unable to attend school but possess sufficient vitality to profit from a system of home teaching. Others must yield to hospital care. As far as possible, however, efforts should be made to discover all cardiac cases in their incipency and to apply whatever course of treatment the particular condition requires. Often poisons from the teeth, tonsils, or other organs aggravate the situation and in many other cases preventive or curative treatment will restore normal physical strength and energy. Although the rapidly rising death rate from the heart diseases is in part due to the greater longevity resulting from the elimination of other curable and preventable diseases, neglect of the cardiopathic condition among children is a factor of no mean importance.

QUESTIONS FOR ADDITIONAL STUDY

- 1 Study the program of training provided for some blind or deaf person that you know.
- 2 What is done for the physically handicapped in your community?
3. What methods of improving the conditions of crippled children have been most successful?
- 4 Study the life and accomplishments of Helen Keller.
5. How far should the blind and deaf be prohibited from marrying?
- 6 What methods are usually employed to eliminate bovine tuberculosis?

SELECTED REFERENCES

- Best, Harry, *Blindness and the Blind in the United States*, 1934.
- Day, H. E., *A Survey of American Schools for the Deaf*, 1924-25.
- Keesecker, W. W., *Digest of Legislation for Education of Crippled Children*, 1930.
- League of Nations, Child Welfare Committee, *Protection of Blind Children*, 1928.
- Massachusetts Department of Public Welfare, *Final Report Relative to the Number and Care of Crippled Children*, 1932.
- United States Children's Bureau, Publication No. 172, *Recreation for Blind Children*, 1927.
- United States Office of Education, Bulletin No. 5, 1929, *Digest of Legislation for Education of Crippled Children*.

United States Office of Education, Bulletin No. 11, 1930, *Education of Crippled Children*

—, Bulletin No 8, 1928, *Schools for the Deaf*

—, Bulletin No 9, 1928, *Schools and Classes for the Blind.*

—, Bulletin No 20, 1928, *Special Schools and Classes in Cities of 10,000 and More in the United States*

—, Bulletin No. 2, 1933, *The Education of Exceptional Children.*

Upshall, C C , *Day Schools vs Institutions for the Deaf*, 1929

Upson and Matson, *Crippled Children in Michigan*, 1931.

White House Conference, *Organization for the Care of Handicapped Children*, 1932

—, *Special Education, the Handicapped and the Gifted*, 1931.

—, *The Handicapped Child*, 1933.

CHAPTER XI

PLAY AND RECREATION—PUBLIC AGENCIES

Play and recreation have assumed a tremendous importance in the life of the nation. Play is common to men and to animals of the higher orders, and the speculation concerning its origin and uses has resulted in the development of several theories, chief among which are the practice, the surplus energy, and the recreation theories. According to the first, play is a form of practice along the lines of future methods of conduct; for example, the cat plays with the mouse but enhances her efficiency for maintaining a livelihood at the same time. The surplus energy theory assumes that play is necessary to wear off the exuberance of the young, whether man or beast; while the recreation theory claims that play is for purposes of relaxation and recovery from the tiring effects of the monotony of life. An additional function is being recognized—the function of character building. Accordingly play and recreation are being interwoven into the network of educational and social activities on which the development of personality depends. That play is of inestimable value to animal life has long been conceded, but its usefulness to the human race has not been appreciated until within a few decades.

Recreation consists of several forms that differ widely both in method and in effect. It has been classified as follows:

Active—the use of muscular and nervous energy, such as baseball, swimming, etc.

Passive—watching others in an exhibition or entertainment.

Social—exchange of ideas and expressions of a joyous nature.

Active recreation may be divided into manual, rhythmic, dramatic, and athletic play. It may be conducted by groups in an unorganized capacity, as in the case of swimming or gymnastics.

sium activities, or by organized groups, as in football or baseball. Passive recreation is self-explanatory. Social recreation always involves more than one person and may be an expression of group activity. It should realize for the individual many of the advantages that group work normally yields.

1. Agencies Furnishing Recreation.

Recreation may be furnished by a variety of agencies or groups and may be classified under the following heads:

a. Public Recreation.

Under this head are included all forms of recreation provided by the city, county, state, or school board. Among the facilities are parks, playgrounds, social and community centers, municipal dance halls, etc.

b. Semi-Public Recreation.

Fourth of July celebrations, municipal pageants, school picnics, and similar activities combining the efforts of public officials and private groups are included in this classification.

c. Philanthropic Recreation.

This includes the great variety of facilities offered by settlements, churches, interdenominational agencies, scout organizations, and other bodies. Among the recreations are picture shows, games, dancing, socials, parties, musicals, scouting, swimming, and camping.

d. Commercial Recreation.

This class of recreation includes practically every form of recreational activity. The term "commercial" implies that the motive is profit and that the promoters of the recreation are engaged in a business in which the article sold is recreation. The quality of the article is of less importance to the recreation merchant than the capacity to produce satisfactory financial returns. As a natural consequence commercial recreations are

often socially demoralizing and become a serious public problem.

e. Fraternal Organizations and Clubs.

Recreational opportunities are frequently furnished by lodges, fraternal societies, and by variously constituted clubs. Such facilities, however, are restricted to members and their families.

f. Individual or Family Recreation.

Under this head are included those recreational facilities that may be enjoyed in the home. With the advent of the phonograph and the miraculous appearance of the radio, they have become increasingly important. Private parties and other home recreations are included.

In practically every community each of these types of agencies plays a part. In one locality, the commercialized form may predominate, in another the prevailing agencies may be philanthropic. Whichever they may be, the recreational need requires the proper coordination of the various agencies and adequate provision for wholesome physical and social activities.

2. Values of Recreation.

a. Physical Values.

Play, exercise, and recreation affect both body and mind. The total disuse of an organ tends to render it useless; for instance, a limb tightly bound for six months would lose its functions entirely or recover them with great difficulty. Consequently a reasonable exercise of the various organs of the body is necessary. The spontaneous play of children develops part, perhaps most, of the body, but no single game is adequate for the task. Fortunately the use of the same game becomes monotonous, and children vary their games because of the added pleasures which change affords. The effects are far-reaching, since the children bring a large variety of muscles into use.

Symmetrical development of the body, however, does not result from the spontaneous play of children. Rightly planned and organized play is necessary to accomplish this objective. Many organs and parts of the body do not develop sufficiently except through exercises that are specially adapted to their peculiar needs.

One of the diseases that can often be prevented by organized play is tuberculosis. The play of growing children under good surroundings will, more than any other agency, prepare the child for the struggle with this disease. Although the prevalence of tuberculosis is most pronounced during the adult period of life, the time for preparation against it is during childhood. Proper development of the appropriate organs becomes a splendid asset for the individual later in life. Play as a precautionary measure, especially for weak and subnormal children, cannot be too strongly urged.

b. Social Values.

The social and educational influences of play produce indelible effects upon the child mind. Play is didactic, and leaves its traces for good or bad as the case may be. Unorganized and spontaneous play often develops the bully and the coward; systematic play impresses the ideals taught by organization and cooperation. One of its initial values is the recognition of mutual rights, which are but little understood by the unthinking child and, when brute force permits, often are entirely overthrown or perverted into a mere toleration of privileges. Few children are spontaneously generous; the majority are selfish and require companionship to soften their egotism. On the supervised playground, a new regime is put into operation. The right to the use of the sand pile cannot be monopolized by any ambitious player. All things are held in common, and every child must be granted an equal opportunity; each therefore learns that others have rights which must be respected. Our rapidly increasing density of population and the innumerable contacts involved demand a new limitation of rights and a

recognition of the boundaries of the rights of the individual. Play therefore becomes a most important school of citizenship, and the social results which follow are expressed in such ethical values as order, obedience, self-denial, and discipline. The self-repression, not self-effacement, which develops from the influence of play makes obedience something more than unwilling subordination. It becomes respect for authority as well as deference to the welfare of the group.

The team work of play develops a characteristic most necessary for the success of our experiment in democratic government. This characteristic is the capacity for cooperation, the ideal of the democratic movement. Ability to cooperate means ability to excel, but absence of this power means ultimate disorganization and disorder. Practice in accomplishing a given task together impresses boys and girls with the immense value of concerted action. Things must be done in unison, and everyone takes part; thus the individual learns that he is necessary to the game and that without his sane cooperation neither he nor his associates will be able to enjoy themselves to the fullest extent. Through practice and sheer necessity, capacity for cooperation develops. The citizen will not govern wisely until he learns the value of cooperation and until he feels himself a part of the government. If government is only partially successful, he must feel the humiliation, if it fails, he must participate in the disgrace, if he succeeds, he may rejoice in the accomplishment as though it were the results of his unaided efforts. Good government depends upon a cooperation so active that each accomplishment will inevitably reflect itself in the attitude of the individual.

The development of social attitudes such as toleration and accommodation are important tasks of the playground. Socially controlled play will not only improve the citizenship of the nation; it becomes a guarantee of better government. Its importance, therefore, cannot well be exaggerated.

One possible influence of play is less reassuring. Unless it is carefully carried on, it may lead to an unhealthful development

of the gang spirit. The absence of complete democracy tends to segregate children into antagonistic groups, in which a spirit of intolerance may arise. Vicious leadership then tends to appear and this if unhindered will dominate the motives and actions of the children who are unstable and immature. Anti-social groups will form themselves into gangs and thereby retard the development of a cooperative spirit.

c. Mental Values.

Play stimulates capacity for mental growth. The backward child through the influence of wisely planned play grows in intelligence and becomes capable of better work. The normal child adds new mental qualities, such as initiative, alertness, mental ability, and foresight. The need of alertness stimulates the child to activity, and the task of solving the problems which every game presents requires a fresh display of initiative for each added instance. The quality of leadership develops, and this involves the use of the calculating faculties, and requires constant planning and the use of judgment. The advantages of properly conducted play have a value far in excess of the energy and cost required for competent supervision. Therefore the playground movement is alive with tremendous social possibilities.

3. Recent Appreciation of Play.

The majority of parents, and many teachers as well, formerly regarded the play of the child as a natural but somewhat useless activity. Parents often prevented their children, especially the older ones, from indulging in play because they did not understand its character-building qualities and believed it a mere waste of time. As a needed relief from the confinement and concentration of the schoolroom, its usefulness was, however, generally accepted. The physical effects of play received the first recognition, and its social and moral effects were unobserved until some of their inevitable consequences became too patent to remain hidden from the view of the sociologist.

That some of the world's great teachers had long since recognized the uses of play is true, but the popular mind had not followed them, and the discovery had to be made anew.

The present attitude toward play is a mark of the changing tendency in regard to our many social problems. The social reformer finds that play and the playground are powerful agencies which if carefully used will accomplish much good. The potential criminal of the slums must be transformed into a law-abiding citizen, and the indifferent must become zealous in the cause of reform. The depleted physique of the children of the poor must be renewed, and their intellectual and social outlook improved. The riotous child of the street and the incipient gangster must be reclaimed and their energies directed toward nobler standards of living. To accomplish these results is the aim and hope of the advocates of the playground movement. The effects of the meager efforts made to promote play have been most hopeful. The social attitude toward play is now a healthful and helpful one, but the problem is serious, owing to the difficulties which are naturally involved in furthering the playground movement.

4. Facilities for Recreation.

Play facilities should be adapted to the needs of children of various age groups and, since the playground must be located where the child can reach it, playground facilities must be properly distributed throughout the residential sections. The cost of the playgrounds and their equipment is enormous, due partly to the tardy recognition of the need of play space. In some cities even the school buildings are not all provided with playgrounds; especially is this true in the slum sections where play space is most needed. Children therefore pour into the streets to organize and play their games. Often the only open space consists of a few feet of ground immediately in front of the school building, but this, if paved with brick, becomes very unattractive, and by contrast makes the street seem more alluring.

a. Roof and Basement Playgrounds.

The insistent demand for play space has resulted in the use of the roofs or the basements of schools for play purposes. In New York City, especially, where the tall tenement buildings have usurped so much space, much has been accomplished by transforming the roofs of school buildings into playgrounds. These roofs are covered with wire netting or at least surrounded by a strong fence in order to make mishaps impossible. Roof gardens frequently accompany the playgrounds and are used for the cultivation of flowers and vegetables.

This method of providing play space has some advantages. In the crowded portions of cities, it is especially desirable that children come in touch with pure air and sunlight. The atmospheric conditions on the roofs are noticeably better than those in the narrow streets. The use of roofs for open-air schools and the success that has attended their establishment furnish ample proof of the healthfulness of the roof playground.

However, it is often inconvenient to use the roof for playground purposes and basements are sometimes used to meet the need. Owing to the size of the buildings, such basements have a tremendous area and offer large opportunities for play. On the other hand, they are frequently dark, sunshine is largely absent, and the air is not always good and sweet. Young children, especially the ones living in overcrowded homes, should not be required to remain in basement playgrounds.

b. Streets and Vacant Lots

In the foreign sections of our large cities, where overcrowding is common, the streets are used to a large extent by pedestrians and also by children at play. Asphalt or well-paved streets are very well adapted for this purpose. In certain sections children are tolerated in the streets and the authorities do not drive the boys into the alleys. Vehicular traffic tends to avoid streets used in this way, thus increasing the safety of the children. Some progress has been made in the establishment of play zones, where at certain times of the day portions of the street

are roped off by the policemen and cannot then be used for traffic but are turned into playgrounds for the children. This gives an opportunity for play and is far better than the alley, but the street lacks the salubrity of the park and is but a makeshift. Many cities have increased their regular play space in this way, but frequently the streets in the congested districts are so poorly paved that they are not serviceable for this purpose and other methods of gaining play space must be found.

In many cities, numerous vacant lots are temporarily turned into playgrounds by the boys of the neighborhood. In some cases the permission of the authorities is necessary before these places can be used for play purposes, but this is quite readily secured and thus the playground room of a city can be enormously extended beyond the meager facilities directly under municipal and philanthropic control. Play under these conditions is not supervised and is conducted by the boys according to their own ideas, but it relieves congestion and has done much good. Occasionally the city uses the lot directly and provides playground apparatus for use during the summer months. This equipment is usually intended for the smaller children, and the regular playgrounds are expected to attract the older boys and girls.

c. Public Recreation Centers.

The major portion of the playground space of a city consists of that which has been secured exclusively for playground purposes and transformed into parks and formal playgrounds. Although the first playground space was furnished by the schools, the school authorities have not kept pace with the need for play space. They have not regarded recreation as a function of the school except as it is necessary to rest pupils from the monotony of their studies and to make them more alert for their class work; consequently the municipality has been forced to create separate playground areas. Unlike the use of streets and lots, the establishment of playgrounds involves the ex-

penditure of considerable sums of money, and the needed recreation centers, if established at all, must be created in the localities where children can use them. In the crowded quarters of the city the cost of real estate is high, and very little vacant space can be found. How to secure ample funds to establish an adequate system of playgrounds is a problem for nearly every city.

5. Types of Recreation Centers.

There are many types of playgrounds and recreation centers. Usually they differ according to the age group to be accommodated.

a. Playgrounds for Small Children.

The playgrounds for small children as found in many cities differ from those for older children. Some are divided into two parts, one for boys and the other for girls; often an entire playground is limited to the use of one sex. Special provision is sometimes made for the little children, who are given a small enclosed space into which the others may not come. Usually these playgrounds contain sand gardens, swings, teeterboards, and additional apparatus, besides space for games of various kinds. In the middle of the sand garden is a covered enclosure containing the sand. The level of the sand pile is about two feet above that of the adjacent ground, and the sand is accessible from all sides. Here small children are allowed to play under the watchful care of an attendant. Nearby the older children may enjoy themselves. Swings and teeterboards may be out in the open air or under a protecting roof, or there may be equipment of both kinds. Seats for the mothers are often provided also. The grounds usually open at nine o'clock in the morning and close about sunset, and are in use through the warmer months of the year only. Formerly many of them were mere vacation schools operating for ten or twelve weeks during the summer, but now a general extension of the time has been granted.

b. Playgrounds for Adolescents.

A second type of playground accommodates children of all ages, and therefore contains a greater measure of provision for the older boy, who does not dig in the sand nor play baby games. The grounds contain poles, ladders, horizontal and parallel bars, play-horses, small merry-go-rounds, and other apparatus. Usually the boys are better provided with the means of enjoyment than are the girls. This type of playground is usually not enclosed and may be used whenever the condition of the weather allows. Accordingly on a bright winter day and frequently in the early spring these grounds may be seen filled with boys eager to use such apparatus as may be allowed to remain all winter, and in the summer months they are filled far into the night with enthusiastic children, especially if interesting facilities for play have been provided.

c. Civic Centers.

The most notable variety of recreation center in the United States is the so-called civic center which usually consists of a small park containing a finely equipped field house. The idea first took form in Chicago in 1903, when the South Park Commission decided to establish a number of such centers on the south side of the city. Within a period of four years, ten centers were established at a construction cost of about \$220,000, and a yearly maintenance cost of approximately \$30,000 per center. The centers each comprise an area of from six to ten acres. They are much larger than the ordinary playground and do not confine their activities to the needs of children but allow adults to participate in the advantages. They are located in regions badly in need of play facilities, usually in the poorer and more neglected parts of the city.

In Chicago the grounds were secured by direct purchase of the land; buildings were removed and the parks and centers created. The grounds are enclosed, and contain various buildings and an exceedingly good equipment. A typical field house consists of a large assembly hall, where entertainments of various

kinds are held, and where dancing parties frequently convene; a boys' gymnasium equipped for games, especially for basketball and for physical exercises; and a girls' gymnasium in another part of the building, where the equipment is equally adequate. The building shelters one of the branches of the public library and contains rooms available for use both by children and by adults. An indoor swimming pool is one of the valuable features of the equipment and a large outdoor pool is provided for summer use. Ample shower baths are also provided.

During the winter months the excellent facilities for indoor play are in general use, but when good weather approaches the outdoor equipment is more popular. Among this equipment will be found provision for the little children, for a boys' ground, and for a girls' field. The portion allotted to the small children contains an absolutely safe wading pool, swings, teeterboards, and similar apparatus, as well as sand bins. Only children under ten years of age are allowed to use these grounds. Provision is also made for the caretakers who are provided with ample shade while they watch the little ones. Mothers may come with their children and remain to see them play. The boys' field is the largest area of the three divisions, and the patronage is also the largest. The field contains tennis grounds, a baseball diamond, an outdoor hand-ball court, outdoor gymnasium facilities, a running track, and apparatus adapted to the larger boys. Contests of various kinds are a part of the regular program. In a few instances small ball grounds have been set aside for the little boys, but the general rule is to admit all classes to the larger field. The girls' field has the usual outdoor equipment, with opportunity for play, exercise, and athletic contests. Girls also organize into league teams and compete in many games or events, such as baseball, quoits, field hockey, and relay races.

A portion of the grounds is used in common, or for certain definite purposes. In winter a part of the field is flooded and converted into a skating pond. A number of tennis courts are located on this common field where boys and girls may mingle in their play. A variety of other sports are allowed, baseball being

the most popular. The outdoor fields are open from May to November, but the indoor gymnasia are open throughout the year. Centers similar to these have been established in many American cities. These and other indoor centers to the number of 4,246 were reported in 1934 from 356 cities.

d. Schools as Social Centers.

The use of the school as a social center received its first impetus from the publicity gained through the origin and development of school social centers in Rochester, N. Y. In 1907, one school in that city was equipped for the various activities of a social center. Provisions were made for gymnasium facilities, baths, and for various table games; library and reading privileges were provided, and arrangements made for lectures and entertainments. The building was also thrown open for the discussion of public questions. Gymnastic work for men and boys, available three evenings per week, excited a great deal of interest. The gymnasium was open to women two evenings per week and many elderly women participated in the exercises.

The initial success of the Rochester experiment resulted in a rapid expansion of the work. Furthermore it received such publicity that many other cities began to imitate and develop similar activities. Somewhat independent of the Rochester system was that of Gary, Ind., where the schools were organized on a continuous service plan. The "platoon" system, as it was later named, provided for work, play, and school, each integrated into the others so that the child passed freely and naturally from one to the other. As a result the school buildings and their equipment were used almost continuously. The equipment fortunately was rather varied and included: indoor and outdoor gymnasia, swimming pools, shower baths, assembly halls, club and reading rooms, industrial shops, and lunch rooms. In a very short time the attendance included both young and old. Accordingly it ripened into a neighborhood or social center.

A somewhat different type of social center activity is carried

out by the school authorities in New York City. A brief account of its principal features is as follows:

Schools are selected in promising sections of the city and a corps of teachers assigned to a center. The schools are open from two to six nights per week, most of them every week-day evening. Clubs and classes are formed for two groups—the older persons and the juniors, the latter consisting of persons under sixteen years of age. Thousands attend every night. Many interesting forms of work are carried on; for example, study rooms are set aside for the children who do not have good facilities at home for the preparation of their lessons. These rooms are nearly always filled, and the children in attendance profit greatly from these opportunities. Although children of this class do not represent the highest type of mentality, only a small percentage of those attending fail of promotion. Baths are operated in many recreation centers, and swimming classes are also conducted. The game rooms are usually very popular, and here chess, checkers, and other games are allowed and enjoyed. Classes in gymnastics and athletic drills are a feature of the work.

Folk dancing has an important place on the program. Mixed or social dancing is also permitted and in some of the recreation centers one evening a week is allowed for such dancing. The young men who attend are carefully selected, being usually members of clubs in neighboring centers. The teachers insist on repressing the degrading features of certain dances, and in this way have developed better manners and more self-respect among the boys and young men.

e. School Playgrounds.

School playgrounds, once used only during school hours, are now utilized in many cities both before and after school hours. In cities like New York with a network of indoor, outdoor, and roof playgrounds, an extended use of these facilities has become a boon to thousands. In some cities the schools are given the right to use the public playgrounds for athletic events, games,

and sports. In such cases instructors employed by the school boards usually supervise these activities. In other cities the school playgrounds are open during the summer months either under the supervision of the school or the city authorities.

The wider use of the school playgrounds is now generally favored even by school boards themselves. These grounds can conveniently be left open before and after school hours, on Saturdays, and during the vacation season. The curious anomaly of a school yard and a city playground side by side is totally without justification and happily will soon be a thing of the past.

f. Parks.

The ordinary city park is of limited service to underprivileged children, since they can draw but little comfort from a park several miles from home. For example, Fairmont Park in Philadelphia, with its 3,000 acres of land, is hardly used by the poor child. It is so far away that only the well-to-do can afford the necessary transportation. The thousands of little children seen there are not the children of the poorer sections of the city; hence the park has a limited usefulness only. Even Central Park, on the narrow island of Manhattan, is but meager relief to the child of the East Side, and can attract no children at all from the more distant slum sections. The larger and better equipped park is seldom visited by the poor except on those rare occasions which form distinct events in the life of an individual. Playgrounds and parks for small children must be located within one-fourth mile, and for larger children within one-half mile of home. In spite of their many prohibitions, parks offer a large opportunity for play and sport but the chief advantage is for the adolescent boy or girl. Many parks now contain well-equipped playgrounds for small children and are increasing their usefulness.

6. Progress of the Playground Movement.

The playground movement in the United States is a recent development. The idea seems to have been borrowed from the

city of Berlin, where small sand piles had been scattered throughout the public parks for the purpose of giving the children an opportunity to play. Some citizens of Boston heard about this innovation, and in 1886 two religious societies of that city followed the Berlin plan. Various charitable and philanthropic societies, especially social settlements, then became interested in the idea and many playgrounds, established and conducted by private agencies, arose. The earlier playgrounds were mostly under private auspices and the initiative of private enterprise soon awakened the cities to some realization of their need so that public playgrounds began to be recognized as a social necessity. Little was accomplished, however, before 1900 and not until 1907, when the first convention of the National Playground Association was held, was a decided impetus given to the playground movement. At a second convention held the following year, twenty-nine states were represented and playgrounds came into their own. Today a nation-wide work of educational propaganda is carried on. Small cities are being aroused to action by the systematic work of the playground leaders and are extending their recreational activities.

In thirty years a tremendous amount of work has been accomplished. In 1907 only 66 cities had joined the playground movement. In 1921, 502 cities reported work under paid leadership but the number actually carrying on supervised work was no doubt much larger. Besides these, 59 cities operated unsupervised centers, and more than one hundred utilized school playgrounds. In that year more than five million dollars was voted in bonds for recreational facilities, and the cost of maintaining playgrounds and recreation centers amounted to more than twice this sum.

The most important figures for community recreation in 1934 were as follows: ¹

Number of cities with play leadership or supervised facilities	2,190
Total of separate play areas reported	20,641
Number of new play areas opened in 1934	2,043

¹ *Recreation*, Vol. XXIX, No. 2, May, 1935, p. 51

PLAY AND RECREATION—PUBLIC AGENCIES 195

Outdoor playgrounds	.	.	10,394
Recreation buildings	.	.	1,034
Indoor recreation centers	.	.	5,752
Play streets			396
Total number of employed recreation leaders			43,419
Number of leaders employed full time the year round			2,325
Number of volunteer leaders			11,126
Total expenditures for public recreation			\$41,864,630 22

As part of these facilities for play and recreation there are athletic fields, baseball diamonds, bathing beaches, handball courts, skating areas, indoor baseball courts, swimming pools, tennis courts, wading pools, and other forms of equipment which altogether number many thousands.

State governments have been interested in the playground problem. New Jersey, for example, has authorized a playground commission for each one of its larger cities, which selects sites, purchases land, and organizes the work. Some states have authorized park boards and commissions not amenable to municipal control to facilitate the establishment of playgrounds.

Play facilities should be accessible throughout the year. The rigor of northern climates, however, makes the use of outdoor playgrounds, except for skating, impossible during the harsh winter months. Nevertheless, playgrounds should be open as long as weather conditions allow, and provision for adaptation to winter sports should be made. Instead of a season of about seven months, as in many American cities, playgrounds can be put to better service. During the summer they should be open all day; and, after school has begun, they should be accessible before and after school hours. Field houses with their magnificent indoor equipment make ample provision for all classes during the winter months, with the exception of the small children. We have not fully recognized as yet the need of outdoor exercise in the brisk winter days. This is especially important for the children of the slums who are confined to small, stuffy, and insanitary rooms. In 1934, out of 8,384 outdoor playgrounds in 707 cities, 1,688 were open the year around, but more than one-half of the entire number were open during the

summer months only. About 500 playgrounds were open during the school year and about 1,800 for a period of several months.

7. Supervision.

Since the importance of play, not as mere recreation but as a vigorous formative influence on character and ideals, has been recognized, the questions naturally arise, how shall this influence be made most effective and to what extent shall play be supervised. Wherever the park idea of playground prevails, very little supervision is possible. In the large park there is none, but in the small parks a system of limited supervision may exist. The results of the operation of the unsupervised playground have not been sufficiently encouraging to gain much support for this method. In fact the experience of the school playground contains a note of warning against this system; consequently the recent tendency has been toward the supervised playground. On the latter the bully and the gang cannot rule nor destroy the ethical values of play, nor can the larger boys monopolize opportunity to the detriment of the smaller child. Unquestionably the supervised playground is needed to develop the character and the social ideals of the child. The quality of the supervision, especially for the boys, is likewise a matter of utmost importance. Children under ten should have women instructors, but boys over ten should be in charge of men.

The success of supervision depends on the tact and general efficiency of the play leaders, therefore the need of professional playground workers is being rapidly recognized. In 1934 reports from 773 cities yielded a total of 20,245 regularly employed and paid recreation workers who were almost equally divided between the two sexes. Of this number, 2,325 served on a full-time year-round basis. The federal government also assisted many cities to meet their recreational needs by furnishing supplementary workers paid out of emergency funds. More than 18,000 workers were provided in this way, but the great

majority served on a part-time basis only. In addition to these, nearly 10,000 volunteer workers assisted in guiding community recreation activities ¹

Effective work requires trained leadership. Fortunately an increasing number of cities are organizing classes for the training and instruction of their play leaders. In addition many teacher-training schools and schools of social work are also giving needed courses of instruction to prospective playground workers. Every leader should understand the larger meaning of the playground movement and should be especially conversant with the practical phases of the problem. He should be thoroughly acquainted with playground and recreation equipment, should have a large repertoire of appropriate games, should understand such special activities as Boy Scout or Camp Fire Girl work, and should have some capacity for story-telling, for the manual arts, for athletics, and for similar accomplishments. He should be imbued with the spirit of community service and should endeavor to make his work count as genuine social service.

The public school teacher who presides on the playground is in special need of training in the social aspects of play and recreation. Too often she approaches the task from the standpoint of the pedagogue instead of that of the social worker. She thinks of order and discipline rather than of constructive character building.

8. Administration.

The control of public recreation offers a number of serious problems. The public acts through the school authorities and the park and recreation departments of cities, or boards established by the state. The control of these activities must gradually be centralized, and with the increasing magnitude of the problem the task will become more serious. Opinion seems to be crystallizing in favor of placing the various recreation centers, swimming pools, public baths, municipal dance halls, and the

¹ *Op. cit.*, pp. 54-55.

recreational activities carried on in parks, in the hands of some special bureau or department of the municipality. It is impossible to separate the work for children from that for adults; objection is therefore made to placing the supervision of all recreational agencies in the hands of the school authorities. The functions of recreation centers are so varied that it is uncertain how far they fall within the scope of the work of a board of education. Some separate municipal department would be free to carry on every enterprise according to social needs and requirements, and would not be handicapped by educational straitjackets.

On the other hand, the argument for the educational authorities cannot easily be brushed aside, since it is conceded that play is essentially educational in character. Schools are deferring to individuals of every age who want training and education, and recreation is extended to many not enrolled in regular classes. There is an identity of interest between education and recreation which should be safeguarded, and this can best be done by the extension of the administrative functions of the school board to cover recreational activities. At all events, the educational authorities will retain control of the school playgrounds, but if they are limited to this, a complete system of centralization is not possible. By an extension of authority, the recreational activities can be correlated and made effective. Furthermore, a propaganda supported and pushed by the department of education carries more weight and is more likely to succeed than if advanced by the branches of the municipal government. The confidence of the people in their educational system is largely responsible for this attitude. As the appreciation of the social aspects of education increases, the functions of the board of education must materially expand.

In actual practice, the various cities differ widely as to the method of work. The excellent recreation centers of Chicago are supervised by a park commission, but in Gary, Ind., the schoolhouses are the social centers. In Boston the school board has charge of the playgrounds both in the parks and in the school

yards, and in New York City the school board has greatly enlarged its functions, though the principal recreation centers are controlled by another municipal department. In St. Louis recreation centers are controlled by a bureau of the park department, while in Kansas City part of the control lies with the board of public welfare.

In smaller cities private playground associations are required to do much of the work, and here also the school boards frequently take charge of the playgrounds. In the large cities the park boards and recreation commissions are the principal controlling authorities. The school boards, however, retain control of the school playgrounds, often operating them through the summer months or arranging for their use under the immediate supervision of the department in charge of the recreation centers. It is not likely that the school boards will extend their operations to cover the entire field and therefore an effective playground commission or department must continue to function separately.

In a number of cities, of which Oakland, Calif., was the pioneer, a definite plan of cooperation between the playground department and the school authorities has been effected. The superintendent of recreation is also director of physical education in the Oakland schools. The staff dealing with recreational, social center, and physical education activities is paid for partly by one and partly by the other department. The aggregate cost of upkeep, supplies, and salaries is satisfactorily divided between the two. This plan results in the maximum use of school playgrounds and in a unified city plan of recreational work. Municipal playgrounds are not established by the side of good-sized school playgrounds, but seek the neglected spots of the city. In fact, the two departments neither overlap in function nor overlook a need.

A summary of the forms of municipal administration of recreation service common in the United States in 1934 is given in the following table: ¹

¹ *Op. cit.*, p. 59

MANAGING AUTHORITY	NUMBER OF CITIES HAVING		
	Regular Service	Emergency Service	Total
Playground and recreation commissions and boards	210	17	227
Park commissions and boards	209	9	218
Boards of education and school authorities	190	157	347
Mayors, city councils, etc	103	16	119
Emergency Relief Administration	22	218	240
Other	142	24	166

These figures indicate that the regular recreation service is managed more largely by playground or park departments than by any other agency, but that the school authorities are becoming a significant factor in our systems of management and control. It is quite apparent also that the federal relief administration reposed greater trust in the boards of education than in other departments of municipal government, otherwise it would not have conducted through the schools the recreation service that could not be handled directly.

9. Standards for Play and Recreation.

Among the minimum standards for the leisure-time activities of children, the following are recognized as especially important:¹

(1) Every child should have two hours of organized play outside of school hours every day and thirty minutes for play and physical education per day in the schools.

(2) Playgrounds should be located within a radius of one-fourth mile for children under six, one-half mile for children over six, and baseball fields should be located within a radius of one mile.

(3) An acre of playground space for every 500 children is the smallest possible space which should be provided, and if the same playground must be used for little children and for older boys and girls, the space should be divided.

(4) Baseball and athletic fields should comprise an area of six acres or more.

(5) Every playground should have a director in general charge,

¹ United States Children's Bureau, *Standards of Child Welfare*, pp. 61-62.

and play leaders should be sufficient in number so that no one person will have more than seventy-five children under supervision at any one time

(6) Minimum equipment should include swings, sand box, slides, teeters, a giant slide, and outdoor gymnasium equipment. There should be a liberal supply of baseballs, basketballs, etc. Every playground should have a shelter, toilet facilities, and drinking water

(7) Active play should be carefully directed and quiet and vigorous games should alternate

(8) Every child who is old enough should have an opportunity to engage in team games.

(9) Trained leadership should be preferred to elaborate equipment.

(10) A definite governing body should have general charge of the recreational work.

QUESTIONS FOR ADDITIONAL STUDY

1. Study methods of control of recreation in various countries
2. To what extent should school buildings be open for use by the public?
3. Can play be integrated into the general school curriculum?
4. How far can playground directors go in doing individual case work?
5. Investigate efforts to eliminate politics from playground administration (New York; South Park Commission, Chicago; etc.).

SELECTED REFERENCES

- Lambkin, Nina B., *Education for Healthful Living in the Public Schools of Bellevue-Yorkville, 1927-31*, 1933.
- Lee, E. T., *The New Leisure Challenges the Schools*, 1933.
- Lee, Joseph, *Play in Education*, 1915
- Nash, J. B., *Organization and Administration of Playgrounds in the United States*, 1927.
- National Recreation Association, Annual Reports
- Rainwater, C. E., *The Play Movement in the United States*, 1922.
- Recreation* (monthly magazine of National Recreation Association)
- Rogers, James E., *The Child and Play*, 1932
- United States Children's Bureau, Publication No. 62, *Standards for Child Welfare*, 1919
- United States Office of Education, Bulletin No. 20, 1927, *Playgrounds of the Nation*
- White House Conference, *Summer Vacation Activities of the School Child*, 1933
- Williamson, Margaretta, *The Social Worker in Group Work*, 1929.

CHAPTER XII

PLAY AND RECREATION—PHILANTHROPIC AND COMMERCIAL AGENCIES

1. Philanthropic Agencies.

The best-known of the philanthropic organizations in the recreation field are the Young Men's Christian Association, Young Women's Christian Association, Boy Scouts, 4-H Clubs, Boys' Club Federation, Camp Fire Girls, Girl Scouts, and Order of DeMolay. According to the White House Conference, the boy agencies reach about 2,100,000 individuals annually; the girl agencies, 1,500,000, and the neighborhood agencies, 1,400,000. Unfortunately the agencies other than the settlements reach comparatively few underprivileged children. In the case of the Boy Scouts the proportion is approximately one-fourth; and for the other agencies, excluding the Boys' Club Federation which is intended largely for the underprivileged, the percentage is still less.

a. Agencies Serving Both Children and Adults.

(1) Young Men's Christian Association.

This organization formerly limited its service almost exclusively to adults, but in recent years has developed a considerable program for boys under eighteen years of age. Owing to the pressure of community demands, it has also extended its activities among the underprivileged. Furthermore it has made work for adolescents a very definite objective and has reshaped its program in order to achieve this goal.

Gradually it has become necessary to decentralize some of the work of the Association. It is no longer possible to bring every individual to the main buildings where the gymnasium and other varieties of equipment are located. Much of the work for

boys must be carried on in the localities where the boys live. Accordingly local churches and halls are used where possible and advisable. The major plan for adolescents consists of the Christian Citizenship program which is divided into four parts, each intended for boys of particular ages. The Friendly Indians are boys under twelve years of age, and the Pioneers include boys from twelve to fifteen. Beyond these are the Comrades, which include boys up to eighteen, and the Chi Rho group which enrolls boys eighteen years of age and over. Apart from these and organized through the high schools are the Hi-Y clubs. The approximate membership in these five groups in 1934 was 738,000.

To meet the needs of these boys the general organization has planned a program of activities most varied in character. Group service projects, such as father-and-son banquets, parents' nights, and vocational counseling are popular with the early adolescents, but the older boys require something that includes ritual, insignia, and paraphernalia of various descriptions. A program of athletics and physical education accompanies other plans but does not dominate them. Character building is ever the goal to be achieved, and therefore the means are adjusted to that end. Through cooperation with churches and Sunday schools, the Association is rapidly increasing the number of boys enrolled in these special groups.

(2) Young Women's Christian Association.

This organization makes a special effort to serve teen-aged girls through its Girl Reserves. The age limits for this group are twelve to eighteen, and the aim is to build up mental, physical, and spiritual health. Many of the groups have been developed in rural districts and small towns where a general organization does not exist, but the great majority of groups are found in the cities. The program is broad-gauged and consequently girls of different religious faiths may be found among the membership. The variety of activities includes discussion of personal and social problems, dramatics, music, camping, nature study, social gatherings, ceremonials, and service work.

Girl Reserves are organized in schools, churches, and in various neighborhood centers. In the year 1934 there were more than 13,000 clubs in the country with a membership of approximately 350,000.

(3) Social Settlements.

With the advent of public recreation, many social workers at first believed that social settlements would eventually become unnecessary. Time has not justified this belief. Accordingly social settlements and allied organizations are again increasing in number. A total of 450 were reported to the White House Conference in 1930

Much of the effort of social settlements is expended on children. Among the underprivileged the problems of child life become very acute, and wholesome substitutes for the vicious gang life of the street must be discovered. The settlement by means of various group and associational activities attempts to develop socially desirable attitudes and habits. Through the organization of clubs it provides boys and girls with recreational, social, and educational opportunities and inculcates newer and more acceptable standards of individual and social behavior. The settlement has been a marked factor in the reduction of juvenile delinquency and the development of interest in good citizenship. The boys' club does not simply furnish recreation or entertainment, it develops mutual interests and promotes capacity for self-government. The most effective and successful clubs are permitted a certain amount of autonomy and, because of this, teach their cooperating members a better understanding of what constitutes proper and desirable social relationships.

Clubs are as varied in type as the differing interests of individuals. Activities are carried on in fields such as the following: music, debating, study of government, English, literature, household economy, social improvement, dancing, problems of adolescents, and entertainment. In the majority of cases clubs for adolescent youth are separate for boys and girls, but in some instances mixed groups are permitted.

*b. Agencies Serving Youth Only.**(1) Boy Scouts*

The Boy Scout movement is of English origin and at first exhibited many military aspects, but after its importation into the United States it was much modified and lost its former tendency to stimulate a desire for war. The boys are still organized into troops and usually wear uniforms, but emphasis is placed on aims and duties. Their chief tasks and pleasures are summed up in the term "Scoutcraft." This includes instruction in first aid, life saving, tracking, signaling, cycling, nature study, seamanship, campcraft, woodcraft, chivalry, patriotism, and other subjects.

Boy Scouts may belong to one of three classes, each boy being required to pass certain tests before he can be promoted to the next higher class. The Scout law is a set of principles intended to regulate the conduct of the boys. It consists of twelve resolutions, each of which represents some important virtue. Merit badges are given to "first class" Scouts who pass certain tests in such subjects as athletics, bee-farming, camping, firemanship, handicraft, pioneering, signaling, path-finding, marksmanship, etc.

The present emphasis is distinctly on character development, and the various group activities are used to achieve this end. The Boy Scout age is primarily from twelve to sixteen but under certain conditions older boys may remain. A pre-Scout program has been promoted in recent years and some 50,000 "Cubs" are now being prepared for Scout work proper. The average length of time that a boy belongs to the Boy Scouts is somewhat more than one year and seven months. Many boys, of course, are not reached as soon as they are twelve, others drop out before they are sixteen. Efforts are being made to lengthen the period of Scout life and also to reach the "saturation point," or that degree of organization which will increase the number of Boy Scouts to the maximum possible under present conditions of favor and appreciation.

The cost of equipment has in some cases deterred boys from joining the organization. Accordingly the movement is not as strong among the underprivileged boys as is desirable. Recent efforts to reduce cost and to meet the problem of uniforms have increased membership among the boys who formerly were neglected. Figures for 1933 indicate that approximately 1,000,000 boys are now being reached by the Boy Scout and Cub program. The White House Conference estimated that in 1930, 23.2 per cent of the Scout membership came from the underprivileged classes.

The Scout leaders are well-educated men with an understanding of their tasks. Local Scoutmasters also are young men of stamina and quality. Training schools have been established for their benefit and efforts made to persuade them to take advantage of the short training courses that are regularly offered at these schools. The Young Men's Christian Associations were formerly the chief agents of the Boy Scout movement, but the denominational aspects have been largely eliminated. Accordingly Scout work may be successfully organized among boys, regardless of their religious affiliations.

(2) Girl Scouts.

This organization does for girls what the Boy Scout organization is attempting for boys. It is a character-building agency aiming to realize for its girl members the ideals of womanhood and to prepare them for both home and community responsibilities. It aims, as does Boy Scouting, to capitalize on the educational possibilities of outdoor life.

The age limits for membership are ten to eighteen. The troops are for the most part connected with churches and schools but special efforts are being made to reach the underprivileged girls, many of whom cannot afford to join. In 1934 the total membership was approximately 355,000. The professional leaders are trained women, and outstanding local women are usually selected as troop leaders. Opportunities for further training are also given in regional schools established for the purpose.

(3) Camp Fire Girls

This organization was founded in 1911 and follows plans similar to those governing the Boy Scouts. It aims to carry out both recreational and character-building activities. The latter are classified under the heads: home, health, hand, nature, camp, business, and citizenship. It emphasizes outdoor life and makes the summer camp an important factor in its constructive program. The ages of eligibility are eleven to twenty years, but it also enlists a junior group of girls and develops for them an interesting program of activities. In 1933 the membership of the organization was 225,000.

(4) 4-H Clubs.

This organization was founded by the United States Department of Agriculture for the benefit of rural boys and girls. The four H's are head, hand, heart, and health. It has been difficult for the other youth organizations to gain a foothold in the rural districts and therefore it seemed wise to attempt a program that would appeal to the country boy and girl and would likewise stimulate them to better and more efficient manhood and womanhood.

The 4-H Clubs stimulate interest in home-making, agriculture, successful farming, care of animals, and up-to-date farm practices. They also develop an appreciation of nature—an achievement greatly worth while, since many rural boys and girls are so close to nature that its beauty and grace are not so much impressed on them as are its severity and ruggedness. The clubs aid in the development of leadership and give the country youth a greater vision of the finer values of rural life. They help to make better citizens, especially by interesting their members in community organization and improvement. The membership in the organization exceeds 800,000 and is almost equally divided between boys and girls.

(5) Boys' Club Federation.

Although the boys' club movement began soon after the Civil War, the Federation itself was not organized until 1906. The purpose of the clubs is to find an opportunity for the under-

privileged boys to resort to some hospitable club room where they may enjoy companionship, and engage in activities suited to their needs or their desires. Most of the members range in age from eight to sixteen, but there is no rigid adherence to age limits. Clubs are located in 125 different cities scattered through thirty states, and the membership numbers slightly more than 230,000.¹ Compared with the size of the membership, the number of paid leaders is comparatively small. The program of activities also lacks the uniformity found among other organizations such as those previously discussed. Efforts are made in each case to meet the demands of the particular group affected.

(6) Miscellaneous Agencies.

Among the minor agencies aiming to reach our youth is the Woodcraft League. It stands for the four-fold program first mapped out by the Y. M. C. A. but uses nature and the out-of-doors as the chief vehicles for its work. Members of both sexes may belong and programs are also developed for children under twelve and for grown-ups over eighteen.

The Order of DeMolay with a membership of more than 150,000 is a result of the effort of the Masonic order to carry out a program for boys under twenty-one years of age. It has branches in every state of the Union but few of its members come from the underprivileged classes.

The Boy Builders with a membership of 100,000 depend on volunteer service and have established branches in approximately one-fourth of the states. Other agencies are the Columbian Squires, Knighthood of Youth, Young Men's Hebrew Association.

2. Commercial Recreations.

a. Motion Pictures.

Motion pictures are the most important of the various commercial recreation agencies that include theaters, dance halls,

¹ *Social Work Year Book*, 1935, p. 56.

pool rooms, and skating rinks With the advent of the motion picture a very valuable recreation was brought within the reach of the masses of the people. The effects, however, are fraught with good or ill depending on the character of the films. Nearly everyone attends picture shows occasionally, and many frequent them so regularly that the total weekly attendance, according to the White House Conference, amounts to 115,000,000. Of this number about one-third are children.

Films now embrace every variety of subject—historical, geographical, industrial, scientific, educational, sociological, fanciful, ludicrous, and mythical. They therefore afford not only entertainment but may provide worth-while instruction as well. Furthermore, that which is learned through the eye in this way tends to leave lasting impressions Accordingly it is important that the character of the films shall have an uplifting effect on the spectators.

(1) Censorship.

The menace of the motion picture was recognized from the beginning. The effects that the portrayal of crime and vice might produce on the minds of plastic youth, although not easily susceptible of direct proof, were nevertheless widely accepted as demoralizing. The necessity of some form of control led to definite action in 1909 when municipal censorship was authorized in Chicago. Many cities soon followed with independent methods of censorship, and several states, of which Pennsylvania was the most important, adopted a plan of state censorship. The state boards usually viewed and censored the picture before it was publicly exhibited, but in the small towns a preview of films was impossible. It soon became clear that censorship in order to be effective must be attempted by the larger political unit.

The National Board of Review, a private informal censoring body, was also organized in 1909. It was soon censoring a majority of the films presented in the United States, but lost prestige and usefulness when it failed to maintain complete independence of the motion-picture interests. At first it accom-

plished much good but gradually its standards were diluted through the influence of the film producers.

Meanwhile the motion-picture industry apparently fell into the hands of individuals heedless of the effects of pictures on the popular mind, with the result that the bulk of films presented rapidly declined in moral and social value. A group of deaf persons attending a show one night registered a forceful protest to the theater management because, they said, the actors were constantly using profanity. In the days of the silent picture only those individuals accustomed to lip reading knew what the actors were saying. With the advent of the talking or sound pictures, reforms in language and pronunciation became necessary, but other standards were not changed.

Soon after the World War the country was deluged with demoralizing films of every type and description; among them presentations of robberies, burglaries, safe-cracking, drinking and carousing, vice resorts, triangular situations that depreciated the dignity and social soundness of marriage and home, caricatures of public officials, and sex irregularities without end. If one considers the private lives of many of the actors, such scenes are not surprising. As a result a vigorous movement for state censorship began and made considerable progress. The motion-picture industry then reached into the cabinet of the then-President of the United States and selected one of the group to take charge of the industry. The political effects of this step were, of course, demoralizing. Many censorship bills continue to clog the legislative wheels of the country, but few laws are enacted.

The insufficiency of state censorship laws is now generally recognized. Further legislation, if enacted, will be nation-wide in its scope. For a number of years several bills have been pending in the Congress. One of these would prohibit block-booking—a system which makes it necessary for a film exhibitor to take an entire block of films for exhibition purposes and to exhibit each one regardless of its quality. By this plan, whether he likes it or not, he must show both the good and the bad. Al-

though some slight concessions have theoretically been made by the motion-picture industry, exhibitors are still largely enslaved by the system. The suggested measure would free the theater from the control of the producer and would give the exhibitor freedom to show what he pleased.

Another bill would establish a motion-picture commission with authority to pass on the plans and details of pictures before they are made. Ordinary censorship is costly because it may require the excision of parts already made. These parts may have been produced at considerable cost. If, on the other hand, the character of a picture is approved before the work is actually done, there is neither waste nor delay. Although no federal legislation on these points has as yet been enacted, national control is merely a matter of time. The ideals and standards of the men and women who control and manage and prepare motion pictures cannot at present be trusted to give the American people the type of picture that is needed. On several occasions the men in control prepared standards and rules of decency and propriety, but each time efforts to enforce these standards were permitted to lapse and the pictures fell to new low levels of indecency.

(2) Relation of Motion Pictures to Juvenile Delinquency.

The great majority of juvenile delinquents frequent motion-picture shows. That a causal connection exists between this habit and delinquency has been difficult to establish. On the other hand, all sound principles of psychology testify to the effects of dramatic presentation on the youthful mind. That a degrading film tends to demoralize individuals is too axiomatic to require proof, and recent investigations have definitely corroborated the conclusions of general observers that the motion picture is a cause of juvenile delinquency. Blumer and Hauser in their study of the relation of the motion picture to delinquency and crime gave illustrations such as the following: out of 139 truant and behavior cases in special schools in Chicago, 17 per cent said the motion picture led them to do wrong; in a penal institution, 11 per cent of the inmates made

similar comment; out of 117 delinquent girls studied, 25 per cent blamed their delinquency on the motion-picture show. In one group of behavior problem boys, 39 per cent of the number said that the motion picture taught them to want to make money easily. Pictures of gangsters, the opening of safes, gun-play, and robbery produced effects of this kind. Other pictures led to sex excitement and sex delinquency. Out of a group of 252 delinquent girls, 25 per cent were led to engage in sex relations owing to the passion developed by erotic love scenes.¹ The studies by Blumer and Hauser and observations made by others definitely show that certain types of pictures lead to juvenile delinquency. Many probation officers long ago recognized this fact and have striven to have their probationers kept away from motion-picture shows.

(3) Efforts for Reform of Motion Pictures by Voluntary Organizations.

Pending other forms of control, the leaders of the Catholic church in the United States in the summer of 1934 organized a Legion of Decency consisting of men and women who agreed not to patronize certain types of pictures. Some millions of individuals joined the crusade with the result that for the first time in the history of motion pictures in this country, the producers were forced to omit much of the filth and demoralizing subject-matter that heretofore characterized a large proportion of their output. Other denominations endorsed the movement and thus added to the strength of the boycott. How long the self-imposed censorship of pictures will last is problematical; nevertheless the American people have discovered that voluntary organization can accomplish significant results.

Motion pictures can be made useful and helpful to children. Several magazines regularly publish a list of desirable films. The increased use by our public schools of appropriate pictures in the study of history, geography, and literature tends to lessen the hunger for commercial films. Philanthropic and municipal

¹ Blumer, H., and Hauser, P. M., *Movies, Delinquency, and Crime*, pp 11, 15, 111.

agencies now provide a limited number of motion-picture shows and gratify certain needs. On the other hand, such shows frequently lack the glamour that is connected with the commercial variety and therefore lose patronage. The superior drawing power of the latter is unquestionable. However, this form of recreation and amusement must bend to public will and desire or it must be divested of its commercial features and socialized as has been done in the case of education.

b. Dance Halls

The public dance hall offers a serious problem for the adolescent girl. Although few boys under sixteen attend public dances, many girls of fourteen may be found there. The dancing academy, however, where individuals learn to dance, is frequented by children of both sexes. Among the underprivileged a very large proportion of the older children learn to dance at this type of institution. Dance halls are numerous in the cities, and in recent years road-houses of unsavory reputation have sprung up in the suburban districts. Many of these halls and houses cater to the lawless elements and encourage illicit sex relationships. Vile and degrading language is common and strangers meet each other without the mediation of a third party. Supervision and suitable protection for the younger patrons are often entirely lacking.

An important step in providing proper dancing facilities for young people is the strict regulation and control of dance halls. All halls should be properly licensed, special permits should be obtained when particular groups conduct a dance, a suitable closing hour should be provided, disorderly dances should be forbidden, and the police or other inspectors authorized to stop such dances summarily.

No persons under eighteen should be admitted unless properly chaperoned by parent or guardian, adequate closet and cloak-room facilities should be provided, and finally a well-qualified force of inspectors to supervise the dance halls should be furnished. It is doubtful, however, whether the commercial

dance hall, no matter how well managed or supervised, can afford entirely wholesome amusement and recreation for young people.

Since, generally speaking, dancing is a recreation for young people rather than for children, no lengthy discussion of the problem can be given in this connection. As far as children are involved, it will be sufficient to say that in the schools and recreation centers opportunities for dancing and learning to dance can be given and the use of the dancing academy by children made unnecessary.

The commercial dance hall can be largely eliminated. Our philanthropic and public social centers are able to provide delightful and effective music, dancing teachers, floor space, and other needed equipment. At such centers the demoralizing features so common to the commercial dance hall can be outlawed and dancing made a wholesome recreation. Gradually as social centers expand their activities, a varied program will become attractive and young people will not insist on dancing to the exclusion of other forms of recreation.

c. Miscellaneous Recreations.

Many cheap theaters add vaudeville and burlesque to their motion-picture program. Some also regularly hold contests at which children and adolescent youth are permitted to appear as contestants. Frequently the results for such children cannot be wholesome. In such contests melodrama flourishes, suggestive dances are given, and vulgarity tends to draw the prize. However, censorship or control is practically impossible, so that every means should be encouraged to substitute a higher grade of amusement in place of these vulgarities and indecencies.

Pool rooms and skating rinks are not largely attended by children. Owing to the elements encountered there, boys under certain ages should not be allowed in pool rooms. The skating rink offers frequent opportunities for contributing to the delinquency of girls, and public supervision is needed to avoid this danger. Street carnivals and wandering shows frequently

present a menace to the children who attend them, but these institutions are gradually disappearing and therefore the problem will itself eventually disappear. Among the most serious of the devices intended to decoy our youth are the slot machines found in thousands of drug, candy, and tobacco stores throughout the country. In many communities these gambling devices are no longer tolerated, but wherever they exist they present a constant challenge to the honesty and good intentions of the boys and girls whom they intrigue with their unique method of seduction.

QUESTIONS FOR ADDITIONAL STUDY

- 1 Investigate standards adopted by moving-picture corporations.
- 2 Study standards adopted by Pennsylvania and other states.
- 3 Study advantages and disadvantages of closed dance halls
- 4 Compare programs of Camp Fire Girls, Girl Scouts, and Girl Reserves
- 5 What efforts to promote recreation facilities are being made by Catholic groups?

SELECTED REFERENCES

- Addams, Jane, *Second Twenty Years in Hull House*, 1930.
Blumer, H, *Movies and Conduct*, 1932
Blumer, H, and Hauser, P M, *Movies, Delinquency, and Crime*, 1933
Boy Scouts of America, *Handbook for Boys*, 1933
Camp Fire Girls, *The Book of the Camp Fire Girls*, 1933
Eastman, Fred, *The Menace of the Movies*, published by Christian Century Co, 1930
—, *Movies and Your Children*, published by Christian Century Co, 1933
Forman, H J, *Our Movie Made Children*, 1933
Girl Scouts, *Girl Scout Handbook*, 1933
McCaskill, Joseph C, *Theory and Practice of Group Work*, 1930
Mitchell, Alice M, *Children in the Movies*, 1929
Oberholtzer, E P, *The Morals of the Movie*, 1922.
Proposed Federal Motion Picture Commission, *Hearings before the Committee on Education*, House of Representatives, April and May, 1926.
United States Children's Bureau, Publication No. 189, *Public Dance Halls*, 1929
White House Conference, *Addresses and Abstracts of Committee Reports*, 1931
Williamson, Margaretta, *The Social Worker in Group Work*, 1929
Woods and Kennedy, *The Settlement Horizon*, 1922

PART III
SPECIAL PROBLEMS OF EDUCATION

CHAPTER XIII

EXCEPTIONAL CHILDREN

1. Types of Subnormality.

The mental classification of school children has become an important phase of educational work. The intelligence quotient of a child determines to a considerable extent the rate of progress that can be made. It is only since 1905 that the tests which Binet and Simon developed were brought to America for trial. These men originated a method of measuring intelligence and of distinguishing native ability from educational attainment. According to their method the average child of a certain age responds favorably to a specified set of mental tests. The mental age of that child then corresponds to his chronological age. If, however, he can only pass the tests given to a child one year younger, his mental age drops one year. By a system of this type it becomes possible to give the rating of children of different ages and discover how far below normal any specified individual may be. If the mental age is divided by the chronological age, the answer becomes the intelligence quotient. These tests modified and improved are now used in this country to ascertain the mental rating of children. The environmental influences, such as a superior home or intelligent companions, may modify the results; it is not claimed that perfectly accurate results are always obtained. Intelligence tests therefore have much value but are not final in their measurement of innate mentality.

Children whose intelligence quotients range from 90 to 110 are considered normal; from 80 to 90, dull; from 70 to 80, borderline cases; from 70 downward, feeble-minded. A rating that exceeds 110 represents superior intelligence. The term "idiot" is generally used to designate an individual whose mentality is not greater than that of a child of two years. Many idiots cannot

stand or sit upright and cannot speak beyond the uttering of unintelligible sounds. The word "imbecile" is used to describe an individual with the mental age of a child of from three to seven years. Imbeciles differ widely from each other. Dr. Barr has distinguished at least three types, not including the moral imbecile, which he found among all grades.¹ The word "moron," coined in 1910, is now used to designate individuals whose intelligence lies between that of the imbecile and the dull person. The Bureau of the Census in its bulletins on mental defectives and epileptics in institutions defines a moron as a person who has "a mental age of between 84 and 143 months, inclusive, or an intelligence quotient between 50 and 74."

Although morons have inferior mentality, the majority can under proper conditions and if adequately trained become self-supporting. Between the moron and the normal individual lies a twilight zone in which we find persons who are dull or backward but who should not be classified as feeble-minded. This distinction is frequently observed by educational agencies in their segregation of individuals according to mental type and rating. Mental testing and rating according to these new methods are of tremendous advantage in the treatment of the mentally handicapped.

2. Amount of Feeble-mindedness.

Since the advent of the Binet-Simon tests, extensive studies of the prevalence of feeble-mindedness have been made. These studies have revealed a much larger feeble-minded population than was expected. The census enumeration of 1890 yielded only 95,000, but in 1904 the United States Bureau of the Census estimated the number as 150,000. At the time of the World War, 6.5 per 1,000 of the men examined were rated as mental defectives but this rate probably cannot be applied to the population as a whole. Other tests made in this country tend to establish a ratio of approximately one mental defective for every 250 of the population, or four per thousand. This propor-

¹ Barr, Martin, *Mental Defectives*, p. 90

tion would, if applied to the entire population, fix the number of feeble-minded in the United States as slightly more than 500,000.

According to the figures of the White House Conference the number of children presenting mental and behavior difficulties are as follows: ¹

Children with behavior difficulties and also mental or			
nervous disorders	.	.	2,500,000
Mentally deficient	.	.	6,500,000
Feeble-minded	.	.	850,000
Intellectually subnormal	.	.	5,650,000
Epileptic	.	.	150,000

The Conference estimated that about 2 per cent of the elementary school children or a total of 450,000 were so deficient mentally as to require special education. Many of the feeble-minded are, of course, below or above the normal elementary school ages, thus accounting for the total number of feeble-minded children. Although the great majority of the feeble-minded are comparatively young, it may be assumed on the basis of the Conference figures that the entire feeble-minded population of the country will easily exceed 1,400,000.

According to other investigators, the number of feeble-minded is considerably greater. East claims that there are in this country at least 2,000,000 persons so feeble-minded that they need special care. Popenoe estimated the number of persons with an intelligence quotient of less than 70 at 5,000,000, but he did not consider all of these feeble-minded.

The chief uncertainty in estimating the number of feeble-minded is due to the fact that there is no hard-and-fast dividing line separating the feeble-minded from the normal. Many persons are feeble of mind in respect to a particular situation but are altogether normal in respect to others. They may never be required to face a problem the solution of which will tax their peculiar weakness. If not, their defectiveness remains unobserved.

¹ White House Conference, *Addresses and Abstracts of Committee Reports*
p. 293

Owing to the absence of a satisfactory dividing line, "specialists" in the study of feeble-mindedness have discovered percentages of feeble-mindedness in institutions for juvenile delinquents ranging from 17 to 45 and in jails and workhouses from 9 to 31. This vast difference is, of course, largely the result of the work of enthusiasts in eugenics and mental hygiene who could, if they simply altered their measuring rod slightly, find most of us feeble-minded. Recent studies do not discover as many of this class as did former studies. A saner view in regard to the nature and extent of this handicap is now in evidence. Extreme estimates have become the exception rather than the rule.

A recent English study of feeble-mindedness also throws light on the problem. In six selected areas studied, the Mental Deficiency Committee found 4.18 defective children and 4.38 defective adults per 1,000 of the general population, or slightly more than 8.5 defectives per 1,000 of the population. After further study of the problem the Committee concluded that the rate for all England and Wales was approximately 7.34 per 1,000. If this rate were applied to the United States it would give us about 1,000,000 feeble-minded persons. The number is important from the standpoint of the problems involved. The size of the upper division of the "moron" group is undetermined, and as far as it must be given special education and be segregated from other pupil groups, to that extent the problem is seriously aggravated.

In addition to the mentally deficient are the over-aged school children, some of whom are backward, while others are behind grade because environmental obstacles have prevented the regular progress which otherwise would have been attained. The number of such children is exceedingly large—a fact which adds to the confusion and difficulties of elementary school work, but in most instances the retardation is remediable and therefore complete recovery from the handicap is possible. Even though progress may be slow, social causes yield to treatment and prevention.

3. Causes of Mental Deficiency.

Defective heredity is responsible for a very large amount of feeble-mindedness. The family histories of mental defects are so numerous that no doubt as to the fact can exist. The question that remains unsolved is the actual proportion of all cases of feeble-mindedness that can be attributed to hereditary conditions. Among the older studies of degenerate families is that of the Jukes. Although an alarming proportion of the members of this family was defective, the hereditary and non-hereditary factors were not kept sufficiently separate in the study to justify definite conclusions as to ratios; nor was it possible to indicate the degree of defectiveness that existed. Dr. Barr tabulated some thousands of cases of defectives that were admitted to the school for the feeble-minded at Elwyn, Penn., and concluded that 65 per cent of the defectiveness was due to causes acting before birth. He found a family history of mental or physical abnormality in 45 per cent of the entire number. These constituted nearly two-thirds of the cases resulting from causes acting before birth. Abnormal conditions of the mother during gestation and causes acting at birth and thereafter accounted for approximately 43 4 per cent of the total. Possibly a small percentage of these cases was also influenced by hereditary weaknesses. If so it would indicate that nearly 60 per cent of these defectives were wholly or largely the victims of a sub-normal heredity.

The study of the Kallikak family by Goddard furnishes additional evidence of the importance of heredity as a cause of feeble-mindedness. That the study indicates a prejudice in favor of hereditary causes, however, is evident from the assurance with which the investigators maintained that certain individuals living 150 years ago were feeble-minded. Conjectural history is responsible for many mistaken notions and assumptions based on unscientific measurements and should not be given too much credence. That a large number of the members of the Kallikak family were feeble-minded none should dispute, that approximate

percentages as to the heredity of feeble-mindedness can be obtained from the figures yielded by this study, none should expect. Both in the case of this study and in the examination of over 300 defectives entering the institution at Vineland, Goddard presented figures that would charge heredity with responsibility for two-thirds to three-fourths of all feeble-mindedness. Furthermore the evidence led to the conclusion that the method of transmission tended to follow the Mendelian formula.

The most recent investigators place less stress on heredity but recognize certain natal and prenatal factors that may formerly have been confused with hereditary tendencies. Birth injuries, glandular disturbances, Mongolian idiocy, and diseases of early childhood account for an enormous number of cases. Prenatal alcoholism is a factor of no mean importance, and syphilitic mothers, in many cases, impart such a diseased condition to their children that proper brain development never occurs. Dr. J. E. W. Wallin, who for many years has dealt with backward and feeble-minded children, steadily recognized the environmental as well as the hereditary causes, and Dr. Fernald, former superintendent of the Massachusetts School for the Feeble-minded, maintained that not more than one-half of the feeble-minded exhibited a history of bad heredity.¹ Keen students such as these men have brought about a change in thought on the subject, so that according to prevailing opinion little more than 50 per cent of mental defectiveness is due to hereditary feeble-mindedness.

A very large number of children yield an intelligence quotient of 80 to 90. Such children may be known as dull, backward, or retarded, depending largely on the causes that seem to be responsible for the subnormality. Although hereditary weaknesses account for much of the inferiority that these children exhibit, physical defects and external causes are so important that a more extended discussion of this matter must be deferred to a later chapter in which the problems of retarded children are discussed.

¹ Davies, S. P., *Social Control of the Mentally Deficient*, p. 159.

4. Institutional Care of the Feeble-minded.

This country has been slow in establishing institutions for the care and detention of the feeble-minded. The original practice was to send the helpless and indigent defectives to the county almshouse, and to allow most of the remainder to run about at large, often to the great inconvenience of neighbors and associates. Even feeble-minded children were sent to the poor farm when parents declared they could no longer care for them.

Gradually state institutions were built and today nearly every state is provided with one or more institutions for the care of its feeble-minded population. When state care began, efforts were made to remove the almshouse cases to the state institutions. As a result comparatively few feeble-minded remain in the local homes for the indigent, but the state institutions have not absorbed more than a small fraction of the entire feeble-minded population of the country. Under no conditions is the number of mental defectives in the United States measured by the population of our state and local institutions for their care. Nevertheless the institution population continues to grow and in 1932 for the first time it exceeded 100,000. The Bureau of the Census has compared statistics for institutions in 1922 with similar figures for 1933. This comparison is shown in the following table.

CLASS OF PATIENT	1933	1922
Patients on books at end of year	106,764	55,765
In institution	93,150	51,644
On parole	13,614	4,121
Admissions during year	13,835	9,906
Discharges	5,393	3,615
Deaths	2,511	1,925

In eleven years the institution population of feeble-minded has almost doubled and yet the total number represents only a fraction of the estimated feeble-minded population of the country. It will be noted that many of the patients are at large but

on parole from the institution and therefore subject to control and supervision.

First admissions to state institutions in 1933 averaged 8.8 persons per 100,000 of the population. The states differed widely from each other in respect to the proportion of individuals committed. In Georgia and Oklahoma the actual number of persons committed was negligible and in most of the Southern states the proportion was below the average for the country. The highest rates of commitments were recorded for Delaware, New York, and Massachusetts.

Although mental deficiency is either congenital or acquired early in childhood, it does not follow that the admissions to these institutions are limited to children. Out of more than 11,000 admissions to state institutions in 1933, less than 5 per cent were under five years of age but 68.4 per cent were under twenty.¹ Apparently little effort is made to institutionalize the small child, but when children arrive at compulsory school age parents realize the seriousness of the problem and in many cases are relieved to have a defective child placed in an institution.

We may assume that the average age of patients at time of admission tends to remain rather constant. As a consequence the institutions are regularly being recruited with children or comparatively young persons. The "separations" amount to approximately two-thirds of the admissions. Making allowances for age differences and other significant conditions we still find that the great majority of the patients are comparatively young and that therefore the program of care and treatment must be adapted to this condition.

At present admissions of males slightly exceed those of females but this fact throws no essential light on the relative prevalence of feeble-mindedness between the sexes. In similar fashion commitments from urban districts greatly outnumber those from rural communities. The explanation given is that

¹ United States Bureau of the Census, *Mental Defectives and Epileptics in Institutions*, 1933 (newspaper release), p. 3

social adjustment is much more difficult in cities than in rural districts and that therefore it becomes necessary to institutionalize a large percentage of the feeble-minded. In addition institutions are usually more accessible to the city populations than to rural communities and are utilized accordingly.

A small number of epileptics are regularly admitted to institutions for the feeble-minded. Some of these are not actually feeble-minded but suffer from the peculiar effects of definite underlying diseases. On the other hand, out of the total number of admissions in 1933, 60.3 per cent were classified as both epileptic and mentally defective. Since epilepsy is not usually present at birth but appears later in life, the average age of epileptics at admission to the institutions is much higher than that of the feeble-minded. In 1933 the percentage of feeble-minded admitted who were over forty-four years of age was only 4, of epileptics, 11.

5. Elimination of Feeble-mindedness.

Many of the causes of mental deficiency are so elusive that great difficulty will be experienced in effecting their elimination. An aggressive attack on alcoholism, syphilis, and certain other diseases, and improved methods of caring for women both before and at the time of childbirth will reduce the number of cases due to environmental causes. The unsound heredity responsible for approximately one-half of the feeble-mindedness is likewise difficult to uproot. Even though the feeble-minded themselves were prevented from reproducing, the actual reduction in the number of mental defectives in a single generation would be comparatively slight, owing to the fact that the bulk of hereditary feeble-mindedness is produced at the present time by individuals mentally normal but carrying feeble-mindedness as a recessive trait. According to the Mendelian formula there are several times as many individuals capable of transmitting their mental handicap as there are feeble-minded persons. However, only a small proportion of the children of these individuals will be feeble-minded and no practical plan for preventing this

outcropping of the defect at irregular intervals has as yet been devised

The eugenic program must at the present time limit its efforts to the prevention of reproduction among the definitely feebleminded. To accomplish this purpose there are only two alternatives; the segregation of all innately defective persons, and sterilization. According to conservative estimates as to the number of feebleminded in this country, the number of individuals who should either be permanently segregated or sterilized would aggregate at least 500,000. As has been intimated before, the segregation of this vast number would be so costly that the country would not tolerate the expenditure involved. Many new institutions would be necessary and a sentiment in favor of institutional care would have to be created.

Sterilization offers many advantages. It effectually incapacitates individuals for reproduction but does not remove the sex impulses and desires that are basic to normal living and to pleasurable associations in a bi-sexual world. It can be effected at little cost and without danger to the life or health of the individual. Although the number of actual sterilizations performed in this country is still decidedly small, the rate is rapidly increasing. Popular opinion is giving increased support to this measure. More states will enact sterilization laws and therefore many additional operations will be performed in the near future.

Some objection has been urged on religious grounds but little serious opposition from this source should be encountered. The United States Supreme Court has upheld the constitutionality of sterilization laws, and therefore further legislation can be enacted without fear of its eventual nullification. A great gain will certainly have been made when reproduction from an army of defectives of this size will have been made impossible.

6. Mentally Superior Children.

A small proportion of children possess exceptional mental ability. Observation and investigation have shown that superior

mentality often runs in families. In this country several noted families, the ancestral heads of which antedated the American Revolution, are well known. Such names as Edwards, Adams, Eliot, Beecher, Roosevelt, and others are recognized as names of families the roots of which were well established. In the field of music we find generations of men descended from the original master. Many English families also register an inheritance of superior ability.

If heredity were the only factor influencing relative mentality we should expect as many geniuses as idiots and as many persons of superior mentality as of imbecile mind. Unfortunately the curve of mentality is decidedly skewed and indicates the existence of many more individuals below than above the normal. This irregularity is due to environmental conditions which have, on the whole, retarded mental development more than they have accelerated it. However, in many normal families special efforts are made to develop the children mentally and educationally in order that they may advance more rapidly through the grades than does the average child.

Lester F. Ward estimated the number of talented individuals as one out of every 500 persons, but did not include women in this estimate because their mental ability was not so apparent to society. He added, however, that a proper system of education which gave women an equal chance would increase the proportion of talented individuals to one out of every 300 persons. It stands to reason that the brightest children, if unhampered, will develop into the able men and women of the next generation. On the other hand, some of the great leaders of the nation have been ordinary boys while in the public school—a fact which indicates that high mental qualities and superior ability are not always displayed by individuals in their youth.

Children who are two or more years ahead of normal grade are considered sufficiently superior to require special attention. Some educators have concluded that an intelligence quotient of 120 should be set as the lower limit for separating the gifted

from the normal. Without definite knowledge based on actual mental measurement, the White House Conference estimated that 6 per cent of the school children in the United States, or approximately 1,500,000, were sufficiently superior to require special treatment ¹ It added that such children were distributed quite evenly as to sex, were found in different races, and in cities and rural districts alike.

At the extreme end of the intelligence curve stands the genius—an individual whom it has been difficult to explain. He seems to be an accidental variation, a result of combinations that can with difficulty if at all be repeated. In few cases does the child of a genius reach the mental level of his illustrious parent. Occasionally a very precocious child or infant prodigy develops without warning or explanation. Several such cases are probably known to students of this book. Frequently the precocity is nothing more than a very rapid maturing of the child's mentality. Eventually a maximum development is reached, which does not differ materially from that of other gifted children.

As far as gifted children represent a superior heredity, an important eugenic problem presents itself. Unless these groups will reproduce more rapidly than other educated classes, we will truly witness the "twilight of the American mind." On the other hand, as Ward has pointed out, there is much latent talent in the country which has not been discovered. So-called gifted children are in many cases the result of prodding. More such children would appear if our educational methods were altered.

The hope in this country of producing an increasing proportion of inherently gifted children is comparatively small. As was shown in a previous chapter, men and women of eminence are not reproducing in sufficient numbers to replace themselves. Although eminence is not entirely synonymous with hereditary genius, larger families among eminent men and women would

¹ White House Conference, *Special Education, the Handicapped and the Gifted*, p. 537

constitute a genuine intellectual gain. The secret of an increased birth rate has not been discovered. Attempts to bring about an increase through education and propaganda have not been generally successful. A new public opinion and a greatly transformed social order may prove helpful in obtaining the desired result. Meanwhile the subnormal are increasing more rapidly than the supernormal, and threaten to reduce the mental level of the American people

QUESTIONS FOR ADDITIONAL STUDY

1. Familiarize yourself with various intelligence tests
2. Study the Jukes family.
- 3 What general conclusions can be drawn from a study of the Kallikak family?
- 4 Why are intelligence tests inaccurate?
5. What method of discovering the subnormal child does the average community use?
- 6 What forces operate to produce more subnormality than supernormality?

SELECTED REFERENCES

- Current History*, February, 1931, "Papal Encyclical on Matrimony."
(Includes attitude toward sterilization.)
- Davies, Stanley P, *Social Control of the Mentally Deficient*, 1930.
- Goddard, H H, *The Kallikak Family*, 1912
- Gosney and Popenoe, *Sterilization for Human Betterment*, 1929.
- Guyer, M F, *Being Well-Born*, 1927.
- Holmes, S J, *The Trend of the Race*, 1921, Chaps 3 and 5.
- Landman, J H, *Human Sterilization*, 1932
- Popenoe and Johnson, *Applied Eugenics*, 1933
- Thomas and Thomas, *The Child in America*, 1928, Chap 10.
- Tredgold, A F, *Mental Deficiency*, 1929
- United States Bureau of the Census, *Feebleminded and Epileptics in State Institutions* (annual reports).
- White House Conference, *Special Education, the Handicapped and the Gifted*, 1931
- , *The Handicapped*, 1933.

CHAPTER XIV

EDUCATION OF HANDICAPPED AND GIFTED CHILDREN

1. Methods of Classifying Children.

The first step in a program of education for the mentally subnormal groups consists in testing and grading their mentality. Tests should be made of all backward and defective children coming to the notice of the school authorities, of the children sent to institutions for defectives, and of all delinquents brought into juvenile courts. A special test should be made of those sent to reformatory institutions. A wide-awake attendance department of the local school system will discover every child of school age regardless of mentality, and each doubtful case will then be referred to the proper school officials for examination.

Standard intelligence tests should then be applied, the child classified as to mentality, and steps taken to assign him to the institution or type of school to which he belongs. Most of the large cities now make such studies of children of doubtful classification. The work may be done through a psycho-educational clinic, a child guidance or psychiatric clinic, a department of child study, or some similar organization of experts. The task is such a heavy one that cities find difficulty in coping with the problem. Usually they have been unable to provide a staff adequate for the need. Arbitrary methods therefore often become necessary: for example, in one city each school principal was expected to send to the clinic the poorest one-half of one per cent of his pupils. Unfortunately some schools attempt to train many more who should also obtain the benefit of a psychological examination, while other schools are happy in the almost total absence of doubtful cases. Experience has

shown that the actual proportion of feeble-minded is much less than that assumed by the casual observer. The clinics are disclosing the fact that a large percentage of the children examined are merely retarded or are suffering from some physical defect that occasions the difficulty. Such children should not be grouped with the backward or feeble-minded.

The needs of the state apart from its largest cities can only be met by the establishment of a traveling psychiatric or mental hygiene clinic. A good example of such a clinic is that established in Massachusetts in 1919. Provision is made in the plan for the use of psychiatrists, psychologists, and social workers. The state is divided into districts for each of which a specially trained psychiatrist is responsible. The field of inquiry is indicated from the outline to be covered in the examination of each child. The chief points are: physical examination, family history, personal history, school progress, practical knowledge, general information, economic efficiency, social history and traits, moral reaction, and psychological test. A comprehensive study such as this reveals the fundamental problems to be faced and results in a diagnosis on the basis of which a constructive program for the child can be planned.

The various traveling clinics in Massachusetts now visit nearly 200 towns per year and examine thousands of cases. When towns were first visited, the reports showed that 0.54 per cent of the school children were diagnosed as feeble-minded, 0.96 per cent as retarded, or a total of 1.5 per cent that were distinctly subnormal.

Other traveling clinics that have become well known are those of Colorado and California. These clinics differ from those of Massachusetts in that they handle large numbers of behavior problems instead of confining their work principally to the classification of mental types. About a dozen states have now established a system of traveling clinics. The towns and larger communities reap the chief advantages from this outlay of service, while the rural districts still remain neglected. Eventually such clinics must reach every corner of the state.

In order that the right disposition of each case can be made, the various mental types must be carefully differentiated from each other. From the standpoint of education there are three such types. the untrainable idiot, the imbecile with some possibilities but in need of institutionalization during the training period, and the higher grades of feeble-minded who can be cared for in day schools.

2. Care of the Idiot.

The idiot and all untrainable groups need institutional care and protection. It is not the function of the school to deal with them but the duty of the state to place them under custodial care. Every state should either have an institution for these defectives or arrange with appropriate institutions for their care. Figures presented by the United States Bureau of the Census show that in 1933, 16.0 per cent of first admissions to state institutions for the feeble-minded were idiots.

Since this type of feeble-minded is incapable of self-support and may become a public menace, it should be permanently committed to institutions except in those comparatively rare cases in which parents can assure the care and support needed. Sometimes the males become dangerous and in a few cases a woman may become the mother of a child. The sterilization of idiots of both sexes is a proper precautionary measure. Medical efforts have accomplished practically nothing for the idiot. Apparently he is a hopeless case.

3. Training of Imbeciles.

Since imbeciles are of various grades, the program of training must be adapted to each. Furthermore they are a much greater racial menace than the idiots because they are more adept physically and can easily be led to indulge in sex irregularities. However, the older theory that feeble-minded individuals are inherently abnormal sexually has been discarded, but it is admitted that, owing to mental weakness, they are easily in-

fluenced and too frequently yield to the temptations set before them. The feeble-minded woman is in special need of protection because she becomes the easy prey of certain types of men found in every community. On the other hand, the male imbecile is less harmful from this point of view, because he has difficulty in finding consorts and companions.

The first attempts to educate the feeble-minded were made in France, where the physician, Itard, and the physician and educator, Seguin, began their memorable experiments in the sensory and motor training of their pupils. Their methods have been copied and amplified and represent an important contribution to the philosophy of education. Massachusetts in 1849 was the first American state to establish a school for the feeble-minded. Other states gradually followed and at present there are only two states without institutional provision of this kind. A number of the more populous states have several institutions each but no state has as yet developed an adequate program. Entirely too many imbeciles are still confined in local almshouses where they receive no training and but little attention. There are about ninety private schools or institutions for the feeble-minded but their population is insignificant and their resources limited.

In our efforts to educate the trainable imbeciles and morons, several principles are generally observed:

- (1) Careful attention is given to the amount and quality of food consumed, because the development of the body reacts profoundly on the mind.

- (2) Adequate medical care is provided in order that every organ of the body may function to the best advantage.

- (3) Exercise and outdoor recreation are used for their tonic effects, both mentally and physically.

- (4) Manual training and the correlation of hand and brain, of muscle and sense organ furnish the most stimulating form of education.

- (5) The development of individual aptitudes constitutes the most fruitful field of training.

(6) Class work is ungraded so that each patient may progress as rapidly as he can.

The broader state program for the training of imbeciles and the lower grades of morons is well illustrated by the plans that have developed in New York, Massachusetts, and other states. The institution at Rome, N. Y., exemplifies this modern movement in its organization of service which includes the following features:

(1) Industrial colonies for both men and women in the towns and cities

(2) Farm colonies for men and domestic service colonies for women

(3) Training in the institution for successful work in the colonies.

(4) The use of colonies as a stepping stone for the more competent to return to society

(5) Special colonies for the younger inmates.

A program such as this makes the institution a training school, the purpose of which is to restore to the local communities as large a percentage of its inmates or patients as possible. Hope for the institutionalization of all of the feeble-minded has not only been abandoned, but the desirability of such a plan is no longer generally accepted. On the other hand, the necessity of special training is recognized. Individuals who may eventually be allowed to remain at large must be prepared for some wholesome occupation and must be trained in self-control; otherwise after contact with the deteriorating influences that are so abundant, their standards of behavior will soon disintegrate.

State institutions or schools for the feeble-minded are the avenue through which a large proportion of the mentally handicapped should pass on the way from incapacity for self-support to ability to make a living under conditions of average prosperity. In order to succeed permanently they must, however, be placed on parole from the institution after their limited period of training. They should not be released outright, otherwise they will soon meet disaster and become unfitted for life in

the community. Parole systems are in operation in several states, notably in Massachusetts where signal success has been achieved, and in New York, California, and Ohio. A psychopathic-parole law in California permits a county to appoint an officer to supervise both insane and feebleminded individuals. Such a plan transfers the cost of the service from the state to the local communities, but success depends on the civic spirit of the latter.

4. Training of the Mentally Handicapped.

On account of the large number of backward children, the development of special provisions for their training is particularly important. As usual the work began abroad, special classes for mentally deficient children being established in Germany in 1867, while Norway followed in 1874, and England, Switzerland, and Austria in 1892. In Prussia since 1880 special schools or classes for defectives have been required in all cities having a population of 20,000 or more. The German system is not uniform, some cities having special schools, others contenting themselves with special classes for these children.

The first special class in England was opened in 1892. At first children with a very low grade of mentality were allowed to enter; accordingly the results were far from satisfactory. Soon the larger English cities established classes for the mentally deficient—a movement accelerated by the laws of 1899 and 1902, which required the local educational authorities to provide such classes or schools. In England as in this country efforts have been made to separate the lower from the higher grades of defectiveness, the former to be handled by centralized authority as a philanthropic problem, the latter by the school officials as an educational matter.

In the United States, Providence, R. I., first took up the work for mentally handicapped children. In 1893 three schools for special discipline and instruction were organized and made a part of the public school system. The children were trained in these disciplinary schools, but it was soon discovered that

treatment suited to mischievous boys was not suited to slow-minded children. Accordingly in 1896 a special class for the latter was opened.

The first special class in Boston was organized in 1899 and furnished the impetus for the work there. Only improvable children were accepted, and cases recommended by school principals were examined by a medical expert before admission. The work in Philadelphia was prompted by the activity of local social agencies through whose efforts a private school for the education of backward children was organized. In 1901, however, a special class was established in one of the public schools. For some years the backward and incorrigible were taught in the same buildings, although they were placed in separate classes.

From these humble beginnings has grown the movement for the education of the mentally handicapped. A powerful factor in accelerating the development of local classes and schools is the enactment of state laws designed to stimulate the towns and cities to provide day classes for these groups. The older compulsory education laws, as a general rule, exempted from school attendance all varieties of the handicapped. Gradually it was recognized that this was a mistake and since the World War a number of states have either required cities to establish appropriate classes or have made state funds available for defraying a portion of the cost of operating local schools. The White House Conference reported that fifteen states had taken steps in this direction.

The progress made in local provision for the training of these groups is indicated in the table on page 239 which gives figures for the years specified.¹

These figures indicate comparatively rapid progress in recent years. However, many states have not yet begun to give the subnormal child local educational opportunities and in none of

¹ United States Bureau of Education, Bulletin 1919, No. 70, *Schools and Classes for Feeble-minded and Subnormal Children*. The figures for 1929 are taken from the White House Conference.

	1913	1918	1929
Number of cities having classes for subnormal children	52	131	317
Number of states represented		25	40
Number of pupils enrolled	9,357	18,133	60,000

the states have such opportunities been provided for children in rural communities or small towns. Less than one-seventh of the children needing instruction in special classes are actually given the separate instruction. Again Massachusetts leads in the number of cities reporting plans for the education of such children, but several other eastern cities are not far behind.

5. Separation of Subnormal Children from Normal.

The first generally accepted step in the handling of backward children is their separation from the normal group; otherwise the education of the normal classes is greatly handicapped. Teachers are usually kept busy with their regular work, so the subnormal child is neglected. He is soon discouraged and drops out of school with no preparation for life and with little or no capacity for self-support. The removal of the child from his grade should follow one or two failures, provided, of course, that there has not been some valid reason for his defection. Germany has a wise system of general admission to special classes. If after several trials children fail to advance with the regular grades, they are visited in their homes and then sent to the special classes on trial. After a few weeks a committee, consisting of inspector, school doctor, and teacher pass upon their fitness to remain.

In this country the grade school teacher usually discovers the subnormal child. After observing his failure to advance properly, she refers him to the examiner who gives him certain tests and rates him mentally. Sometimes visits are made to the home by the school nurse and other sources are studied for light on the child's mentality. Then, if it is considered wise, the child is transferred to the special class or school. If after he has had a fair chance he fails to respond to special class instruc-

tion, another transfer may be made. For such a child institutional care is probably desirable, especially if he requires an abnormal amount of individual care and training.

6. Principles of Care and Training.

Adequate medical attention is perhaps the most primary need of the subnormal child. After the initial examination which has disclosed various physical defects, a regimen of physical training must be required. Efforts must also be made to correct the defects because these are often an important contributory cause of the mental handicap. Lack of wholesome food, glandular difficulties, or the after-effects of a disease should if possible be remedied, but these factors must not be permitted to obscure the fundamental mental weaknesses that may nevertheless exist.

Ungraded work and individual instruction are necessary, since each child differs from another so much in aptitudes and inclination that other methods are impossible. In several of the advanced states and cities the maximum enrollment per class is fifteen but in most instances this limit is exceeded because of the mounting cost of operating small classes. In the four largest cities the average class enrollment ranges from 19 to 23.5 respectively.¹ If the training is given in a separate school, classes should be limited to three or four, otherwise the tendency to mass education will weaken the effectiveness of the training.

The curriculum must be adapted to the objectives to be accomplished. Unfortunately no consensus of opinion has as yet been formed in respect to the outstanding essentials, and the persistence of the industrial depression tends to dissipate agreement relative to these goals. That the hand must be used to stimulate the brain is clear. Therefore emphasis must be placed on sloyd, clay modeling, basket weaving, sewing, manual training, educative games, practical household science, simple mechanics, and methods of dealing with the concrete problems of daily life. The ease with which subnormal children can be

¹ Heck, A. O., *Special Schools and Classes*, p. 16.

come juvenile delinquents has been so well demonstrated that training in habits of behavior has assumed a unique importance. Such training involves the relation of individuals to each other and to society, an understanding of the rights of persons and of responsibility for property, and the development of the personal standards necessary for the maintenance of accepted ethical and social standards.

Again it is necessary to train such children in habits of personal cleanliness, orderliness, thrift, and the proper care of mind and body. The inhibitions must be cultivated and self-respect developed. It is the lack of these qualities that often transforms the unthinking child or adolescent into a delinquent or even worse. Industrial training, which was formerly regarded as an important feature of the educational program, has receded into the background, and the acquirement of certain skills represents the limits that should reasonably be expected. The difficult and more complicated positions belong properly to the mentally normal and, since trade training must be reserved for a comparatively small proportion of our youth, it cannot be greatly extended for the benefit of the subnormal.

The teachers of subnormal children should receive special training. In some states from fifteen to twenty semester units of work in addition to the units needed for general certification are required. In others the special requirements consist of a certain amount of successful teaching experience. Special training is forced in those states in which the state subsidy depends on the use of properly trained teachers. The average teacher lacks an understanding of the operations of the subnormal mind, she needs to study the principles of abnormal psychology, and she must develop the patience necessary to equip her for the arduous task of dealing successfully with the slow-moving mind. Training and experience are both necessary to attain this end.

7. Results.

Although the attempts to train subnormal children have resulted favorably, the results must not be measured in terms of

a developed capacity for complete self-support. The best criterion of success will be the extent to which desirable behavior patterns have been produced. To prevent these children from becoming a social menace is the aim of the special schools. Most of them should become partially self-supporting and many will be able to enter certain unskilled occupations from which they can hope for a living wage for a limited number of years. German and English experience has shown that a large proportion of the children of this type cannot become self-sustaining and that many must eventually be supported either in institutions or in private homes.

In this country statistics relating to the economic results of special training are meager and such figures as have been collected deal chiefly with children trained in institutions. Usually subnormal children drop out of school on becoming sixteen years of age and are lost both to the schools and to the investigator. The better types, however, in many cases are returned to the regular classes and, if so, may establish themselves economically. Unless the educational program is supplemented with a system of after-care, much of the time and effort consumed in training subnormal children is wasted.

8. Gifted or Mentally Superior Children.

It is unfair to the gifted children to hold them back by the iron-clad classifications of the ordinary grade schools. The psychological effects on children of lingering in grades they have outgrown is distinctly bad; often such children become lazy, mischievous, or troublesome. Too often they lose ambition and fail to make the contributions of which they are capable. The author recalls several school mates whose extraordinary ability has, owing to defects in the educational system, interfered with the success they otherwise might have attained.

Plans for the more rapid advancement of gifted children may follow one of several lines of activity: first, flexible grading, by means of which pupils of like ability are placed together in slow or fast grades. The latter cover the ground more rapidly and

pass on from grade to grade; second, permission for a pupil to skip an occasional quarter or semester of work and to finish his course in less than normal time; third, the organization of special classes for the gifted while they are still in the seventh or eighth grades and the grant of high school credit for the special work; fourth, enrichment classes according to which gifted children do not carry many more units than the normal pupils but engage in a much wider range of activity. These children are given a large degree of freedom and make practical studies and observation trips of great value. Los Angeles has been conspicuously active in promoting this type of program. Its special groups are known as "adjustment classes" and in some cases the term used is "opportunity room."

In 1928 special provisions for the gifted, according to Professor A. O. Heck, were made in forty cities of 10,000 population or over, but practically no such work was done in the smaller communities. The total enrollment in the special classes was barely 4,000, or less than one-third of one per cent of the number worthy of special opportunity.¹ Yet these are the children whom we expect to become the leaders of tomorrow.

The program for gifted children is probably best served by the so-called enrichment method. Skipping grades and similar methods often result in the failure of the child to master the subject-matter skipped. Unfortunately our enslavement to the grading system interferes with a program of enrichment. Pupils may indeed know more and understand better but their advancement in the grades is not accelerated thereby. Accordingly the objective tests of achievement are wanting.

QUESTIONS FOR ADDITIONAL STUDY

1. What is the colony plan of care for the feeble-minded?
2. How does the parole system operate?
3. What varieties of training are best adapted to the needs of the mentally defective?
4. Investigate the application of Mendelism to feeble-mindedness.
5. What are the functions of a bureau of mental hygiene?

¹ Report cited, pp 20-21

SELECTED REFERENCES

- Davies, Stanley P , *Social Control of the Mentally Deficient*, 1930.
- Lee and Kenworthy, *Mental Hygiene and Social Work*, 1922
- Nimkoff, M F , *The Child*, 1934
- Odencrantz, Louise C , *The Social Worker in Family, Medical, and Psychiatric Social Work*, 1929
- United States Bureau of the Census, *Feebleminded and Epileptics in State Institutions* (annual reports)
- United States Children's Bureau, Publication No 143, *Child Management*, 1928
- , Publication No 191, *List of Psychiatric Clinics for Children in the United States*, 1929
- , Publication No. 210, *Employment of Mentally Deficient Boys and Girls*, 1933
- United States Office of Education, Bulletin No. 7, 1930, *Special Schools and Classes in Cities of 10,000 or More in the United States*
- Walker, Helen M , and Schauffler, Mary C., *The Social Adjustment of the Feebleminded*, 1930 Published by the Western Reserve University Press.
- Wallin, J. E W , *The Education of Handicapped Children*, 1924.
- White House Conference, *Organization for the Care of Handicapped Children*, 1932.
- , *Special Education, The Handicapped and the Gifted*, 1931.

CHAPTER XV

SOCIAL ASPECTS OF EDUCATION

Public education obtained a firm hold in the United States in the very early days. As early as 1787, when the Northwest Territory was laid out, one section in every township was reserved for the public schools. Since that time the school has attempted to meet the needs of our rapidly changing conditions.

In the simple society of colonial days the child was exposed to normal life experiences from infancy. When the sheep were sheared, the wool carded and spun, the cloth woven, and the garments made in the home; when trade was carried on in kind to a large extent; when transportation meant the ox-cart or the saddle-horse, and twenty miles was a long journey; when Bible reading and prayer were parts of the daily routine, when life's relationships were simple and the child came into direct contact with them every hour of the day—then the school which taught reading, writing, and arithmetic with spelling and the Bible filled all needs and gave the child a well-rounded experience.

1. Expansion of the School Curriculum.

With the introduction of machinery, the divorce of industry from the home, the subsequent growth of the city, the influx of millions of foreigners, the extended use of a medium of exchange, the spread of commercialized education—with all these changes modifying American habits and conditions of living, it has become necessary for the school to supply the training that fits the individual into a more complex social order.

The steps that the schools have taken to meet these demands are illustrated by the following diagram prepared by Charles L. Span.¹

¹ *Detroit Education Bulletin*, 1920, No. 2.

1775	1825	1850	1875	1900
Reading	Grammar	History	Drawing	Physiology
Spelling	Reading	Grammar	Civics	and Hygiene
Writing	Spelling	Reading	History	Literature
Arithmetic	Writing	Spelling	Grammar	Drawing
Bible	Arithmetic	Writing	Reading	Civics
	Conduct	Arithmetic	Spelling	History
	Bookkeeping	Conduct	Writing	Grammar
	Geography	Bookkeeping	Arithmetic	Reading
		Geography	Conduct	Spelling
		Object	Nature	Writing
		lessons	study	Arithmetic
			Geography	Play
			Music	Nature study
			Physical	Geography
			education	Music
				Physical
				education
				Sewing
				Manual
				training

Since 1900 there has been little change in the number of subjects presented, but much amplification of subject-matter. Sex education, character education, household arts, rhythm, and industrial work have found the door ajar and are threatening to enter. Further extensions will be needed as conditions change, and the end no man can foresee. Since 1900 the most hopeful change has been in the improvement of the high-school curriculum.

In many parts of the country the schools are still unable to hold children whose ages free them from compulsory attendance. Everywhere we find retardation and irregular attendance, and in many communities if boys are found unduly mischievous they are still expelled.

"In the earlier days of our educational development we dealt with school delinquents much as the church of the time dealt with religious delinquents. They were simply left outside the pale. As the church could not be wrong and the difficulty must, of course, lie with the sinner, so the school felt itself to be right

and the difficulty to be with the children who found the school unattractive and did not attend. Both church and school have since seen fit to revise this judgment, as well as their methods of dealing with the young.”¹

In order to understand the magnitude of the problem which this country faces, it is necessary to ascertain the approximate number of children with which the school must deal, the percentage that actually take advantage of their educational opportunities, and the amount of illiteracy that still exists.

2. School Attendance.

In 1932 there were in the United States 32,031,549 children aged five to seventeen years inclusive, comprising 25.7 per cent of the population of the country. The chief items relating to enrollment and school attendance for the year 1931-32 are given in the following table.

Enrollment in public elementary and secondary schools	26,275,441
In elementary schools	21,135,420
In secondary schools	5,140,021
Average daily attendance	22,245,344

Of the entire school population, 82 per cent were enrolled, and of the enrolled children the daily attendance averaged 84.7 per cent. Oregon stood at the head with an average attendance of 96.3 per cent, while Oklahoma was at the bottom with 73.3 per cent.

These figures indicate a tremendous gain over school attendance in previous years. Compulsory education has not only brought a larger proportion of the children into school but it has also promoted attendance among the very young and those sixteen and seventeen years of age. Probably the most remarkable gain was made by the high schools which enrolled nearly 20 per cent of all enrolled children. No longer do American children stop school on finishing the eighth grade. The ideal of a secondary education has taken a firm hold on the people and

¹ Cubberly, E. P., *Public Education in the United States*

therefore a larger proportion of the children may be expected to attend high school. In addition, improved child labor laws often prevent children from entering the gainful occupations immediately after graduation from the elementary school. As a consequence many children remain in school even though they have no enthusiasm for education.

White children as a rule enjoy a great advantage over the colored—a fact due partly to the absence of compulsory education in many rural sections of the South and partly to the prejudice against the Negro race. In many northern states, however, Negro children show a percentage of attendance almost as high as that of the whites. In the eighteen states in which separate Negro schools have been established there were in 1932 nearly 3,000,000 Negro children of school age. Of this 81 per cent were enrolled in the schools, but the length of the school term compared to that of the whites was 134 to 165 days respectively. The relative attendance was 97 to 128 and the number of pupils per teacher 43.4 to 36.1. In these states retardation among the Negroes should, of course, be expected. It was found that their enrollment in the high schools was proportionately much less than that of the whites and in the first grade the percentage was nearly twice as high.¹

The educational situation in the United States, apart from the temporary effect of the industrial depression, has been gradually improving. The school year has been lengthened, the percentage of attendance has increased; a larger proportion of the children finish the elementary grades, an increasing percentage enter high school; the rural child is receiving more and better education; opportunities for the education of the Negro are being considerably extended. Such progress should be expected, especially when statistics relative to education show that in 1932 the total income for the use of both public and private schools of all ranks was \$3,083,000,000. Of this amount the expenditures were distributed approximately as follows:

¹ For these figures and those immediately preceding see *Biennial Survey of Education in the United States, 1930-32*

Elementary schools	.	\$1,700,000,000
Secondary schools		700,000,000
Colleges and universities	.	544,000,000

3. Illiteracy.

The test of our educational system depends less on the amount of school attendance than on the amount and quality of education received. Compared with many European countries we rank unfavorably in respect to the proportion of the population that is illiterate. The chief extenuating factor is the heavy rate of illiteracy that prevails among our immigrant groups. Many immigrants came to the United States too old to receive the advantages of our elementary education and could not be expected to take full advantage of the evening school work now offered in the majority of American cities.

Responsibility for two distinct groups rests on our shoulders. Failure to meet their needs does not excuse us, but should prompt each state to remedy the situation. The first group consists of the native whites of the backward and mountainous regions of the South where transportation facilities are lacking, where the people are poor, and adequate educational opportunities have not been provided. The second group consists of the Negroes for whom, as has previously been shown, the facilities for education are inadequate and compulsory school attendance is not enforced.

Progress in the reduction of illiteracy in this country is shown in the table on page 250 ¹

This table clearly shows that the general illiteracy of the American people has been gradually diminishing, and that a marked drop has occurred in the rate among the foreign-born. Indirectly it shows that genuine progress has been made with the Negro population, since the states with a large percentage of Negroes have experienced a marked reduction in their rates of illiteracy. Among the Mexicans, as is illustrated by the state of New Mexico, the change has been quite gradual. The three

¹ *Fifteenth Census of the United States Population*, Vol II, p. 1229.

ILLITERACY IN THE UNITED STATES

CLASS OF POPULATION	PERCENTAGE OF PERSONS TEN YEARS OF AGE AND OVER WHO ARE ILLITERATE		
	1930	1920	1910
All classes	4.3	6.0	7.7
White	2.7	4.0	5.0
Foreign-born white	9.9	13.7	12.7
Native-born, foreign parents	1.5	.8	1.1
Native white, native parents	1.8	2.5	3.7
Negro	16.3	22.9	30.4
States			
South Carolina . . .	14.9	18.1	
Louisiana	13.6	21.9	
New Mexico	13.3	15.6	
Idaho	1.1	1.5	
Oregon	1.0	1.5	
Iowa . . . . .	.8	1.1	

states enjoying the lowest rates indicate the general situation that prevails where the population is largely of native origin or of north European ancestry. Native whites of foreign-born parents hold a slight advantage over whites of native ancestry due to the fact that they live principally in states and cities where compulsory education laws operate unceasingly; whereas the children of native parents are scattered throughout the country.

The educational needs of our people when expressed in terms of numbers still reveal an unenviable situation, as is indicated in the following figures:

NUMBER OF ILLITERATES IN 1930 BY RACIAL GROUPS	
Foreign-born	1,304,084
Native white	1,103,134
Negroes	1,513,892
Other races	362,643
Total	4,283,753

Cities enjoy a small advantage over rural districts. Among the rural population the percentage of illiteracy is 6, but among the rural farm population it is 6.9. For the children of the vil-

lages it is 4 8. On the other hand, in the progressive rural states the rates are the lowest in the country.

4. Retarded and Under-Aged Children.

In every community a large percentage of the children vary from the normal either favorably or unfavorably. According to the older figures, more than one-third of the school children were retarded and only 4 per cent were above normal grade. More than one-half of the retarded, however, were not more than one year behind grade. A little leeway therefore in making the comparison might eliminate more than one-half of the so-called over-age children.

A recent survey of the age and grade distribution of 116,651 white children in fifty-six cities reveals a very encouraging condition. According to this study the figures are as follows: ¹

GRADE	PERCENTAGE	
	Under Age	Over Age
First	25 7	5.7
Second	21.4	9.1
Third	17 7	11.8
Fourth	17 6	15.4
Fifth	16 7	19.2
Sixth	17 2	20.1
Seventh	18 6	16.2
Eighth	21 8	12 9
All grades	19 7	13.4

These figures show that, with the exception of the fifth and sixth grades, the under-aged children outnumber those over age. A better classification of the children in some of these cities according to which the seriously retarded are placed in separate schools naturally tends to eliminate from the count many over-aged children. These in a previous decade would probably have been counted. Nevertheless the foregoing table indicates that retardation is no longer as serious a problem as was formerly the case.

¹ *Biennial Survey of Education in the United States, 1928-30, p. 91.*

Enough retardation remains. Every over-aged child is at a disadvantage and risks social and industrial maladjustment. Among the chief causes of retardation are the following:

1. Lack of opportunity for education
 - Irregular attendance
 - Late entrance to school
 - Physical defects
2. Inefficiency of school system
 - Oversized classes
 - Loss of time due to transfers to other schools
 - Use of inferior methods of promoting pupils
 - Inefficient teaching
3. Abnormal home conditions
 - Parental indifference to education of child.
 - Ignorance of parents
 - Physical neglect of children
 - Frequent change of residence
4. Mental deficiency
 - Deficiency in some subject and promotion denied
5. Social maladjustment
 - Child labor, such as street trades
 - Abnormal desire for recreation and fun
 - Unfavorable community contacts.

Increased efforts by the schools through child study departments, attendance officers, visiting teachers, specialized classes, and individual service have lessened the percentage of over-aged children and have greatly improved the chances of the average child of finishing the elementary grades.

5. Compulsory Education.

a. Growth.

American notions of personal liberty or individualism greatly delayed the advent of compulsory education. We developed school equipment; we organized a well-ordered curriculum; we standardized our teaching staff; we praised the value of popular education; but we hesitated to compel children to attend school. Such regimentation was contrary to the principles on which this

nation was founded! Slowly people came to their senses. In 1852 Massachusetts passed a workable school attendance law. In 1884 the District of Columbia followed, and gradually other states saw the light. The last of the states to fall in line was Mississippi which established compulsory attendance in 1918. Every state and such territories as remain now have laws on the subject.

The intrinsic value of education is now so well recognized that arguments in behalf of compulsory attendance are no longer necessary. The obstacles to the laws or their enforcement depend on other considerations, such as lack of schools, insufficient funds to enforce law, race prejudice, and indifference. Many exceptions are therefore made in compulsory attendance laws, thereby lightening the burden of the states and local school districts.

b. Standard Requirements of a Compulsory Attendance Law.

The details of a standard law can hardly be set forth but the important provisions are fairly definite. An adequate law would contain the following requirements:

- (1) School attendance until a specified grade or age has been reached.
- (2) Attendance throughout the school year.
- (3) Compulsory attendance of children, either full or part time until they are regularly employed.
- (4) Compulsory education made applicable to all educable children.
- (5) Home teaching required for children unable to attend school.
- (6) School attendance law harmonized with the child labor law.
- (7) Application of law to entire state and to all races.
- (8) Adequate machinery for enforcement of law.

In twenty-five states and territories a general sixteen-year limit has been enacted; in a few states attendance is required until the child is eighteen; in the remainder the traditional fourteen-year limit still remains. In nearly all of the states that fix the age above fourteen, certain exceptions are allowed. Perhaps Ohio stands first in respect to the standards of education that are imposed. It requires attendance, with minor

exceptions, until the child is eighteen and such attendance must be for the entire school year. In 1934 full-time attendance for the entire school session was required in 35 states. Full time, of course, differs among the states. The longest school year consists of about 180 days and the shortest of about 132. In some communities, however, the school year, owing to the industrial depression, has vanished into nothing. In 1933, 750 schools were closed and 175,146 children kept out of school. Furthermore, 1,540 schools had their terms reduced to three months or less and nearly 11,000 to a term of three to six months. In addition, the number of teachers was reduced by 18,000.

c. Exceptions to Compulsory Attendance.

A number of important exceptions are made in many states to the attendance laws. The most universal of these exceptions is for children afflicted with mental or physical incapacity. Every state, either directly or indirectly, excuses such children from school attendance. Unfortunately the terminology used in the laws is inadequate, with the result that many children who should receive special training are neglected. Furthermore, the physically incapacitated may be mentally capable and if so they should not be denied an education. Either they should be transported to school or a home teacher should be provided.

The exceptions relating to age, grade, and employment also bulk large in the laws of the various states. Twelve states, for example, exempt from further school attendance children who are fourteen and have completed the eighth grade. Some states require a child to attend school until he is sixteen but exempt him from attendance if he is over fourteen and is legally employed. Such a law practically reduces the limit of full-time compulsory attendance to fourteen. It may, on the other hand, require the child to attend continuation classes for four or eight hours per week.

In a number of states distance from school is a cause for exemption. In Michigan the law applies to a child under nine not living within two and one-half miles of school by the nearest

traveled road and for whom transportation is not furnished Minnesota exempts a child who lives where there is no school within a reasonable distance or where conditions of weather or travel make it impossible to attend. Exemptions, however, are becoming less frequent throughout the country, as systems of transportation are being devised.

The poverty exemption is, perhaps, the least excusable. Fourteen states make some exceptions if certain conditions of poverty prevail in the home. Connecticut exempts a child destitute of clothing and if the parent is unable to provide the necessary clothing. Arkansas exempts a child whose services are needed to support a widowed mother; Florida, if the child is without necessary books or clothing. Several states qualify their poverty exemption with a clause applying it only to cases of children above a certain age or in a specified grade or beyond. Fortunately the poverty exemptions are being repealed and the sane view that all children, particularly the poor and underprivileged, are deserving of an education, is becoming general.

Other causes for exempting children are found in our attendance laws. Eight states exempt a child if he is attending religious classes; several, if "the child is detrimental to the morals and discipline of the school"; if "he is receiving music"; if he is deemed incapable of further benefit; if there is not sufficient schoolroom or seating arrangements, if the exception is "for the best interests of the child", and a few if the judge or attendance officer deems it advisable.¹

Most exemptions from the operation of compulsory attendance laws are distinctly anti-social in character. They are evidence that legislators are less concerned with the proper education of children than with the conditions that handicap children in obtaining an education. Especially unworthy are the exemptions for poverty, lack of suitable clothing, and physical incapacity. Truly the destruction of the poor is their poverty. The time has arrived in this country when children

¹ Mangold, Edith P., *School Attendance Laws in the United States*, pp. 4-5. Published by National League of Women Voters, 1935.

almost without exception should be reached by the schools. If they cannot get to the schools, the schools should come to them. Otherwise our democracy becomes little more than a farce.

d. Administration of School Attendance Law.

No compulsory attendance law is self-operative, and the more complicated the law, the more difficult is its enforcement. Accordingly an adequate staff of attendance officers is required. Formerly such officers were known as truant officers and their functions were little different from those of police for school children. In those days the causes of truancy or non-attendance were little understood, and it was believed that absence from school was almost entirely due to deliberate refusal on the part of the pupil to attend.

In the larger cities attendance officers are appointed by the board of education. Most states do not require definite standards for these officials, but Indiana and California are examples of states that have set forth creditable standards. In the latter state an applicant must hold a credential in child welfare and supervision of attendance issued by the state department of education. This credential represents an educational attainment exceeding that of the regular teacher in the elementary schools.

In the rural districts and the smaller towns reliance must be placed on a county-wide plan of law enforcement. In many counties the county superintendent of schools either is the attendance officer or he appoints such officer. In other counties there is no such official. Frequently a full-time officer is not necessary, but a merging of this office with other offices presents considerable difficulty. The plan begun in several states, notably North Carolina and Missouri, according to which in counties of a given size the county superintendent of public welfare is empowered to enforce the compulsory education law, offers some possibilities of success. This development, however, must await action in the field of social welfare legislation. So

far no adequate plan for dealing with the problem of rural school attendance has as yet been devised.

Even in the cities the number of attendance officers is entirely too small. Boards of education do not generally have set standards and as school population increases the number of attendance officers does not increase proportionately. In certain cities studied by the White House Conference the number of attendance officers varied from one to 3,000 enrolled children in Philadelphia, to one per 13,000 in Kenosha, Wisconsin. The relative figures in Detroit were one to 4,000, in Los Angeles, one to 7,800. An attendance officer for every 1,500 to 2,000 enrolled children was suggested as necessary to make possible the intensive case work that the enforcement of compulsory attendance laws requires.¹

The duties of attendance officers are most varied. Not only must children be required to attend but the causes of non-attendance must be studied and, if possible, removed. It becomes necessary to consult with teachers, school nurses, and other members of the school staff. Contacts must be made with parents, homes, and community agencies. Follow-up work is required in order to make the adjustments necessary to insure regular attendance. In many communities the attendance officer, or at least the attendance department, must also take charge of the issuing of employment certificates to applicants for work and may be required to assist in the enforcement of the child labor laws. Duties such as these indicate that attendance officers should be trained not only in problems relating to school and school administration but in the principles and practice of social case work as well. Among the greatest misfits in compulsory attendance departments are superannuated or unsuccessful teachers. Live, socially minded well-trained individuals are necessary to perform the intricate duties required of the attendance officer.

In a few states, state attendance officers are provided for by law. In Connecticut and New Hampshire they enforce the

¹ White House Conference, *The Delinquent Child*, p. 386

compulsory education laws but in other states their duties are educational and supervisory. They endeavor to raise the standards of attendance work throughout the state and engage in such activities as tend to promote this achievement. In California special officers are employed to reach the migratory school children.

6. Continuation School.

The continuation school is a part-time school for the benefit of children who have reached the legal working age and are also employed. It seeks to supplement the education of the child either by giving him an opportunity to complete the elementary grades, or, if he has graduated therefrom, to give him advanced work in industrial courses or academic courses of his own choosing. Usually the student is required to spend four or five hours per week in the school. According to the accepted minimum standard every working child should attend a continuation school until he is eighteen years old and this regardless of his educational attainments. Unfortunately a large proportion of continuation school pupils have not finished the grades and are actually behind grade when they leave school for employment. Additional education at the rate of four hours per week, therefore, is not a satisfactory adjustment unless it leads directly to increased earning ability. On the whole this objective has not generally been realized by the majority of continuation school pupils. Nevertheless much useful learning is obtained and the plan deserves greater attention.

Provision for the operation of continuation schools has been made in twenty-seven states and in 1931-32 they reported an attendance of 256,900 pupils. Two states, however—New York with 84,866 enrollments and California with 80,557—furnished the majority of the students reported for these schools. In some states the law is optional and in others a local school need not be established unless fifteen or more eligible children are found. In thirteen states the law applies to children between fourteen and sixteen years; in approximately the same number the

maximum age is eighteen. In certain states exemptions from attendance at continuation school are allowed, for example, children who have graduated from high school, children who are suffering from physical or mental defects, or whose full time is necessary to support dependents.

7. Rural Progress.

The development of greater efficiency in the city schools has its counterpart in the progress made in rural districts. Here the problem, however, is quite different. With thousands of one-teacher schoolhouses in the country and with more thousands of poorly trained rural school teachers, the nation has a serious educational condition to face. Several significant movements, however, promise to bring about a greatly improved situation. With the return of prosperity, rapid progress may be expected.

One of these movements consists of the plan of consolidating school districts, building a central school building, gathering the children of the community through some organized plan of transportation, grading the school, and employing fewer but better teachers. Consolidated districts have spread throughout the country but have developed particularly in those communities where the transportation problem is not too difficult. In some districts the course leads beyond the eighth grade and high school opportunities are afforded.

The county unit plan has been introduced in approximately twenty states but the plan has not usually been made compulsory for all counties of the state. During the industrial depression states have hesitated to embark on new enterprises and many schools have even been closed. The movement toward centralization will again give vitality to the county unit plan or will substitute systems of direct state aid. The wiser plan for the moment is that which would give the citizens of local communities an opportunity to refashion their school system, to coordinate its activities, and to eliminate superfluous school districts. The best interests of the people require the spread of education over the entire school population quite apart from

the ability of each little nook or corner to pay in full the cost of such education. Gradually as this principle is recognized, an increasing amount of state aid will be obtained and such aid will not be dissipated among unnecessary and unprofitable school districts. The midget school units that have characterized the United States can no longer keep pace with our educational needs. Consolidation and classification are needed in rural communities as much as elsewhere.

QUESTIONS FOR ADDITIONAL STUDY

1. How far should the schools train for economic efficiency?
2. How far, for proper use of leisure time?
3. To what extent has education made us more socially minded?
4. What are the chief obstacles to the enforcement of the compulsory school attendance laws?
5. Study the program of federal aid to education.

SELECTED REFERENCES

- Mangold, Edith P, *School Attendance Laws in the United States*, 1935.
Published by the National League of Women Voters
- United States Bureau of the Census, *Fifteenth Decennial Census*, 1930,
"Population," Vol. II, Chapters on "Illiteracy" and "School Attendance"
- United States Office of Education, Bulletin 20, 1928, *Laws Relating to Compulsory Education*.
- , Bulletin 4, 1929, *Illiteracy in Several Countries of the World*
- , *Biennial Survey of Education, 1930-32*, Preface to Survey, "Statistical Summary of Education"; Chap. 2, "Statistics of State School Systems for the Year 1932"; Chap. 7, "A Review of Educational Legislation, 1931 and 1932"
- , *State Compulsory Standards Affecting the Employment of Minors*, 1934.
Prepared by the United States Children's Bureau
- White House Conference, *Addresses and Abstracts of Committee Reports*, 1931
- , *Child Labor and Vocational Guidance*, 1932.
- , *The Handicapped Child*, 1933.

CHAPTER XVI

SOCIAL ASPECTS OF EDUCATION (*Continued*)

1. The Visiting Teacher.

The removal of the backward children from classes composed largely of normal children brought to light another problem which is now being attacked—the problem of those children who fail to make normal progress, though without marked physical or mental defects. The classroom teacher may know that adverse home conditions affect the work of some of the children, but has neither the time nor the training to follow them outside the confines of the school in order to make the needed adjustments.

Many minor problems of behavior also persisted in arising and in causing teachers much anxiety. The personality problems of certain children not only tended to express themselves in delinquency but to demoralize classroom discipline as well. Unless such children received special attention, their eventual exclusion from the regular classes became necessary in order to protect the others.

These problems are found in every school, and as early as 1906–07 three independent efforts were made to reach a solution. In New York the residents of two settlements found, while seeking aid from the schools in cases involving problem children of school age, that they in turn could give aid to the schools. Shortly thereafter the work of studying the problem—children in their complete environment—was taken over by a committee of the Public Education Association and maintained until the department of education was convinced of its value and took over an ever-increasing share of the burden of support. In Boston the impetus came from a group of public-spirited citizens; while in Hartford, Conn., the suggestion came from the director of the psychological laboratory.

Out of all this study and agitation and the efforts to adjust the problems of the school child in and out of school, the visiting teacher emerged. She is a specialist. She is a social worker trained in mental hygiene who deals with maladjusted or problem children. The National Association of Visiting Teachers has established the following standard for membership in the association: graduation from a standard teachers' college; training in the theory and practice of social case work, a year of instruction in a recognized school of social work; two years of supervised training in a recognized social agency, one year of experience as a teacher, and another year of professional experience in a standard social case work agency. She is not a teacher in the technical sense and should not be confused with the home teacher who actually goes to homes to instruct children or foreign-born mothers who for various reasons cannot come to the school buildings. She deals with children whose attitudes and habits of behavior interfere with the mass instruction given in the regular classroom, and in doing so she must consult with parents, classroom teachers, churches, and divers social agencies.

The problems to be faced are legion. A maladjusted personality may be a result of excessive home work, lack of parental control, the call of the motion pictures, indifference of parents to the school progress of the child, malnutrition, idleness, undesirable companions, neurotic disturbances, parental incompetency, or various and sundry other unwholesome conditions. The visiting teacher must ascertain the causes affecting the child's behavior. Frequently the first step will be a proper medical and psychiatric examination. Peculiar attitudes or psychopathic conditions must be traced to their sources and the child adjusted to a constructive environment. As a consequence the visiting teacher cannot alone succeed in reshaping personality or behavior patterns. The cooperation of the home and of the community forces is essential in carrying out this process.

The solution of a problem will vary with the cause. To

arouse parental interest is sometimes all that is needed. Persuading a father to allow his eldest daughter time for recreation and study instead of requiring all her time for work in the shop; to induce a proud mother to give her bright son time for play and for preparation of his school lessons in place of requiring two and one-half hours per day on Hebrew with two hours' practice on the violin—such steps meet the problem of preventing retardation where it is avoidable.

To discover the sources of an obscure difficulty often amplifies the solution of the problem, as in the case of the boy whose improvement dated from the time of the discovery and correction of a defect in vision. Again a mental examination may reveal the surprising fact that the trouble-maker in a fourth-grade class needs the stimulus of the competition of fifth-grade pupils.

The function of developing better parent-child relationships may become an important consideration. Sometimes the task will be simple, but again adverse home conditions may make it difficult for parents to understand the needs of children in a new age. One behavior problem was solved merely by persuading a mother that her son should be allowed to join the Scouts and to withdraw books from the library provided the class teacher assisted in the selection of the books. Sometimes the trouble lies deeper and the maladjustment is too serious and has lasted too long to be solved by incidental case work treatment. Under such conditions the program may challenge the efforts of many social workers.

Although three visiting teachers were employed in 1903, the impetus to the new movement was delayed until 1922 when the Commonwealth Fund placed such teachers in approximately thirty schools in various parts of the country, paid a portion of their salaries, and observed the results of the experiment. In 1929 the number of cities using the plan had risen to eighty-seven and 250 visiting teachers were employed. Among the centers attempting such work were several rural communities as well as New York City and Chicago. Although the industrial

depression lessened the ardor for innovations, the number of communities employing visiting teachers in 1934 remained approximately the same as in previous years ¹

The actual number of visiting teachers offers no indication of the magnitude of the service attempted in this field of social work. In many cities the schools employ a counselor whose duties cover many of the functions of the visiting teacher. In other cities the duties of the attendance officer are extended far in the same direction. Child study departments also engage in a certain amount of case work for the benefit of maladjusted children. In a great variety of ways therefore problem children are discovered and aided. Many of them are not served by visiting teachers nor handled as satisfactorily as they would be if specialists of this type were employed. Nevertheless an increasing amount of attention is being given to the problem child and many of his needs are being met.

2. The Vocational Counselor.

The vocational counselor will function as the contact-maker between the child and the industrial, commercial, or professional world. To his aid must come the results of mental and physical tests (which are valuable at least in this general way, that a child showing low-grade intelligence according to a standard test should not be encouraged to study for professional work) and the data of a cumulative record card with its revelations of interests and tendencies to reinforce the information gleaned from tests. But the counselor's problem starts in many cases with the home; the problem of convincing parents of the value to the child of as high an education as the intelligence quotients warrant—this is often a delicate and difficult task. The cumulative record and tests may indicate that if possible the child should be given professional training, or that, if he is to achieve his maximum efficiency as a member of society, he should be taught a trade or enter the manual occupations. But the child and his parents should be convinced as to the type

¹ *Social Work Year Book, 1935*, p. 553.

and amount of training needed in connection with his vocational inclinations

Under ideal conditions the vocational counselor should advise with a child at the time when a decision in respect to choice of occupation becomes necessary. He should, however, have previously placed before the child descriptions of various vocational opportunities. He must also give aid at that critical time when a child is forced to leave school for the world of work. The counselor with his broader knowledge of industrial conditions can direct the child into fields of work that offer the least occupational resistance, and can be of service in protecting him against the "blind alley" and worthless jobs that are so common. Much is gained by a child if he can enter an occupation that promises advance from the lower rungs of the ladder to the top. To change from one job to another not only develops discontent but gradually culminates in unemployability. A wise counselor can be of inestimable value and can become a significant factor in the stabilization of a young worker's industrial career. Further discussion of this problem is reserved for a later chapter.

3. Education for Community Life.

The training of our youth for the highly complex social life and cooperative service of the new era must become a very significant feature of the public school curriculum. The fact that the church and other agencies will attempt a similar program does not excuse the school from measuring up to its responsibilities. The greatest need is not for measures of child protection or for special attention to the problem cases that arise altogether too frequently. The most important educational need is the preparation of the great majority of school children for a life of usefulness and of service, and for a character and personality development that will lead to socialized living and thinking. It is not enough to build character for the sake of preventing juvenile delinquency. It is not enough to develop the so-called personal virtues and to produce faithful wives and honest and industrious husbands. The need involves our

social relations and requires high-minded attitudes and a sense of responsibility for the rights and welfare of others. The older education which apparently emphasized self has to be replaced with a newer education that properly correlates the individual personality with the attitudes of the social group

Character education in its broader aspects has become a social goal. A narrower form of character education has been taught for many years. The reading of the Bible in the public schools, instruction as to the bad effects of liquor and tobacco, and the reading of law and parts of the constitution have produced certain attitudes and values but emphasis on a social goal has been largely missing.

The character education method known as the Iowa plan contains some very valuable features. It must have a goal. It must influence the individual child. The individual must become master of himself and develop social-mindedness. He must become a dynamic person who participates in constructive and creative work. Among the principles to be observed are the following:

It is better to practice good conduct than to theorize about it.
The sympathies must be utilized in visualizing conduct.
Imagery and symbols of right living have most wholesome effects.
Skill in moral thoughtfulness must be developed.
There must be joy in the performance of duty.
Children should be familiarized with the best racial traditions.
Character develops from loyalty to a cause.
The spirit of reverence should be stimulated.

In addition to these principles, the interests of the child should be built up according to the following three-fold plan:

1. The transformation of a lower selfhood of cruder instincts and desires into "higher" personality of refined tastes, of insight, outlook, and intelligent purpose

2. An awakening into wholesome appreciation of the interests and well-being of others, participation in their programs and institutions, and loyalty to their ideals.

3. A disinterested admiration of the non-personal values in Nature and Life that glorify both the self and the other-than-self¹

¹ *Character Education Methods*, pp. 1-5.

According to the Iowa Plan, "At least eight lines of preparation are so definite and concrete that projects may be devised and problems set for inducting pupils into them."

- Preparation for health
- Preparation for life in the group
- Preparation for civic relations
- Preparation for industrial and economic relations
- Preparation for a vocation
- Preparation for parenthood and family life
- Preparation for the appreciation of beauty
- The mastery of tradition.

Three other objectives are of importance and should constantly be kept in mind.

- Preparation for the use of leisure time
- Preparation for reverence
- Preparation for creative activity.

Character cannot be pumped into the individual; it is a result of precept and participation in practical situations. Therefore project methods, the socialized recitation, example and practice—each of these must have a share in the educational program. The integration of the school curriculum with the leisure-time activities under the control of the school offers an excellent opportunity for the formation of habits and social attitudes. The practical interpretation of problems involving the individual and the community leads to social-mindedness and to a spirit of mutual helpfulness. We have educated individuals to become selfish and self-centered; we need to educate them to become unselfish.

As Henry W. Anderson has well said, "At every point there is an over-emphasis of the negative concept of individual rights, and a corresponding disregard of the affirmative social principles of duties. We find the existence of rigid constitutional and legal limitations upon every phase of social action with corresponding restraints upon the necessary re-adjustments to the rapid changes in social and economic life." ¹

¹ National Commission on Law Observance and Enforcement, No. 13, *Causes of Crime*, p. xlii.

Constantly we have emphasized rights and privileges instead of duties and responsibilities. Our program of character education will be useless so long as we preach an arrant individualism; social conditions will proceed from bad to worse, and the end of this downward course no man can foresee. We progress as we reverse our emphasis and make our joint community life and its success the objective of our educational efforts.

4. Parent Education.

A practical phase of the new educational program is parent education. So long have we assumed that parents were automatically fitted by the birth of their children to care properly for them, that the theory has become almost axiomatic. Conspicuous examples of failure have jolted our venerable notions and the necessity of a system of parent education has become quite apparent. The avenues through which the work may be done are many. The habit clinic for children of pre-school age furnishes parents with an insight into the principles of child training. It serves not only for the child studied and reconditioned but it prepares the parent for a greater degree of success with subsequent children.

The nursery school holds a somewhat similar position. When first established it emphasized the needs and the training of the child. In later years it has also come to be regarded as a laboratory for the observation of children both by parents and by students in the secondary schools or colleges. The new emphasis is on the essentials of proper parent-child relationships. Accordingly the parents of children attending a nursery school are brought together at stated intervals to discuss the problems that have arisen in respect to the conduct and behavior of the children. Although parents cannot in all cases view these problems objectively, the gains derived from such consultations are significantly constructive. The nursery school cannot hope, for many years to come, to obtain a commanding place in our public school organization and therefore this direct method of parent education will reach comparatively few parents. Its

influence, however, radiates far beyond the limits of the groups directly touched. Federal participation in the organization and development of nursery school activities has temporarily galvanized the movement into more vigorous action.

Although parent education has been nurtured by the National Congress of Parents and Teachers, the Child Study Association of America, the Iowa Child Welfare Station, and other organizations, a systematic program of parent education can best be developed through the regular educational channels provided by the community. These include the state board of education, teacher-training schools, secondary schools, and the adult education program.

This movement must begin at the top; that is, the colleges and state boards of education must prepare teachers for the work of parent education. In Oklahoma, California, and New York the state departments of education have made a beginning. The plan in New York calls for the following activities:¹

- Conduct classes for individuals engaged in various forms of professional work such as teaching, social service, and nursing.

- Develop lay leaders

- Provide opportunities for education in family life to students in secondary schools and colleges.

- Coordinate parent education activities

- Conduct parents' classes

- Prepare materials on parent education.

Significant work has also been accomplished in the other two states mentioned, and in some places college courses have been designed to develop leaders or teachers of parents. Still others aim to reach parents directly. Cleveland College, the downtown division of Western Reserve University, has established a department of parental education and provided a series of ten or more courses on important aspects of the problem. Such subjects as Home Education of Children, Methods of Leadership, Special Problems of Parents, Social Hygiene, and kindred topics are all discussed at length. The courses are of college

¹ White House Conference, *Parent Education*, p. 124.

grade and meet the needs of lay leaders of parents' classes but are valuable for the better-educated parents directly.

In a number of universities, extension work in parent education has been organized. An example is Ohio State University which in conjunction with the state department of education provides lectures, lecture courses, training in leadership, and study materials.

Properly trained teachers can carry the technique and the principles of parent education to the children in the secondary schools. When appropriate courses giving pre-parent training and education can be organized and taught successfully, a large proportion of the future fathers and mothers will be reached. With an increasing proportion of all children enrolling in the high schools of the country, we may well hope that eventually more than one-half of the young men and women of the country will have an opportunity to study these life problems directly and in turn become more efficient parents in later years. The content of parent education and of education for home and family life must include the fundamentals of parent-child relationships, problems of behavior, discipline, and individual conduct, essentials of health and proper physical development, sex education, mental hygiene, and principles of sound social relationships.

Parent education should provide parents with the philosophy and technique of character education so that parents will be able to cooperate more effectively with the schools in a joint program of parent education. Either without the other is likely to fail utterly. Unless parents and the school agree in their program, the goals set forth by a progressive character education program cannot be attained.

5. The Back-to-the-School Movement.

The responsibility of education for the development of sound citizenship has been vigorously indicated in the foregoing pages. The insistence on that responsibility has proceeded from many sources. The students of character education have believed

that the school was the best agency for the training of the child in the general essential of behavior and conduct. They approached the problem from the standpoint of constructive citizenship. However, much pressure has been brought to bear upon the schools from groups interested in the boys and girls who have failed or are failing in life. These groups in attempting to find the agency that might do successful preventive work came to the conclusion that the task belonged to the school

In 1922 the Juvenile Courts' Committee of the National Probation Association declared that increased responsibility for the prevention of juvenile delinquency should be placed on the schools. Probation officers and social workers were required to give so much time to unofficial service for pre-delinquent children that their chief tasks were partly neglected. Apparently a mistake was being made somewhere. Why should not the schools undertake this responsibility and develop the machinery for the treatment of these problem children?

The schools have, as a matter of fact, shouldered much of this responsibility, but have not contented themselves with the acceptance of a back-to-the-school philosophy. Rather they have concluded that their task is to build up, to create and not merely to find the child about to become a delinquent and attempt to recondition him. Child welfare departments, divisions of tests and measurements, hygiene departments, and other specialized agencies of the school system have been created not only to engage in remedial work but to discover the best way to equip every child for successful living in the community. Some children, they discovered, were already deviating widely from normal conduct, and for them special plans and methods were devised. The great majority, however, presented no serious problems, but the responsibility of guiding and directing them aright could not be denied. Character education, sex instruction, household arts, vocational guidance represent the purpose to build on a normal foundation, not to make over or reform. On the other hand, the task of training and perhaps

disciplining problem children makes a greater impression on the representatives of the social agencies, who long to be relieved from the responsibility of caring for individuals who are not yet technically eligible to social service treatment. The major problem with the school today is not the willingness or unwillingness to serve, but the difficulties in the way of a program that can be successful both in the fields of remedial and of constructive effort.

QUESTIONS FOR ADDITIONAL STUDY

1. What are the chief duties of the attendance officer?
2. How can the school nurse assist the attendance officer?
3. Why has the visiting teacher movement advanced so slowly?
4. What voluntary groups can promote successful parent education programs?
5. What are the chief functions of a child psychology department in the school system?
6. Why should the schools issue the work certificates?
7. What have been the chief obstacles to character education programs?

SELECTED REFERENCES

- Bogardus, E. S., *Leaders and Leadership*, 1934
- Character Education Institution, *Character Education Methods* (The Iowa Plan), 1922.
- Child Welfare Magazine*, published by National Congress of Parents and Teachers
- Culbert, Jane F., *The Visiting Teacher at Work*, 1929
- Keesecker, W. W., *Laws Relating to Compulsory Education*, United States Office of Education, Bulletin No. 20, 1928.
- National Education Association, Department of Superintendence, *Tenth Year Book*, 1932, "Character Education."
- National Congress of Parents and Teachers, *Second Year Book*, 1931, "Parent Education."
- Nimkoff, M. F., *The Child*, 1934
- Oppenheimer, J. J., *The Visiting Teacher Movement*, 1924.
- Reckless and Smith, *Juvenile Delinquency*, 1932, Chapter on "Truancy and School Maladjustment."
- Robinson, Virginia P., *A Changing Psychology in Social Case Work*, 1930.
- Sayles, Mary B., *The Problem Child in School*, 1925
- , *The Problem Child at Home*, 1928
- Thomas and Thomas, *The Child in America*, 1928.

- United States Office of Education, Bulletin 7, 1926, *Character Education*.
White House Conference, *The Delinquent Child*, 1932, section on "Non-Attendance and Truancy."
—, *Home and School Cooperation*, 1932.
—, *Parent Education*, 1932.
—, *The Home and the Child*, 1931.

CHAPTER XVII

SOCIAL HYGIENE

Before educators and social workers can promote a successful program of sex education and social hygiene they must become aware of current practices and attitudes of mind. They must have knowledge in respect to the prevalence of social disease, laxness in sex behavior, and the many sinister consequences of doubt and ignorance. They need a better understanding of the positive phases of sex behavior. With the advent of the Freudian philosophy has come an appreciation of the fundamental importance of sex as a factor in all human relationships.

1. Prevalence of Misinformation.

Parents do not usually impart sex information to their children. Accordingly other resources are tapped, as was definitely shown by Dr. Exner in his well-known study of 948 college men. He discovered in the first place that a large majority of boys received their first impressions from undesirable and improper sources. The percentage for these college men was 91.5—nine out of every ten. These sources have been characterized as an "underground educational system." They are fed by ignorant and foul-mouthed men and boys, by lurid advertisements and pictures, and by the half-truths uttered by persons who know better but lack capacity to talk constructively.

Second, the average age of the boys when sex impressions were first received was 9.6 years. The modal ages, however, were ten and eleven, but many boys had received some information during their sixth and seventh years and none remained after the fifteenth year without knowledge or misinformation relating to sex.

Third, the ideas received from unwholesome sources often

led to some form of sexual practice, usually between the ages of twelve and fifteen years. They resulted in debasing thoughts, in a wrong attitude toward girls, and greatly promoted vulgarity. The percentage of college men who claimed that the effects were unfavorable was seventy-nine; only one-fifth believed that they were not injured thereby.

The handicap from which boys suffer is well illustrated by the fact that these men received instruction from wholesome sources at the average age of 15 5 years—almost exactly six years after their first impressions were obtained. Meanwhile their minds were being misled by the unsound instruction on which they had relied. The facts for these college men are probably more favorable than those for boys at large. Is it any wonder that the sex life of men yields such a harvest of sorrows and woes!

What is true of boys is measurably true of girls. However, the study of 1,000 married women by the Bureau of Social Hygiene discloses a more favorable situation. Nevertheless a large proportion of the women did not enjoy the benefits of early and wholesome sex instruction, while 43 8 per cent claimed they were inadequately instructed concerning problems of marriage. About one-fourth had engaged in some form of sex practice.

Phyllis Blanchard in her study of 250 girls finds that the age at which girls first receive sex impressions lags two or more years behind that of boys. Other studies reveal similar conditions. In general, the information received is fragmentary and inaccurate. Girls are more handicapped than boys because many of them pass into the later teens without knowing about any of the sex conditions of life and are often suitably shocked when first they learn about the birth process.

2. Sex Practices.

Illicit sex relations are often due to ignorance on the part of the participating individuals. Illustrations constantly occur of young girls whose ignorance resulted in pregnancy or social disease. In many communities men and boys can be found who

will prey on the innocence of young girls and seduce them. A large proportion of the schoolgirls who become pregnant have yielded to seduction because they were ignorant of the probable consequences of their mistakes. On the other hand, the promiscuous girl frequently demoralizes an entire company of boys—they also being the victims of ignorance. There is something incongruous about an educational system which provides youth with a ready knowledge of French, geometry, modern literature, history, and social dancing, and refuses instruction relating to the most essential problems of body and of life.

It is difficult to believe that many children are altogether ignorant of the impropriety of sex irregularities, even though they may know nothing of the consequences. There are but few children who have not been taught the rudiments of modesty; consequently it is clear that illicit sex relations among such children represent a low standard of conduct and a false sense of modesty. Parents have probably exemplified such standards in the presence of their children and have either failed to teach higher standards or have deliberately allowed their children to accept low ideals.

The absence of confidential relations between parents and children on sex matters often renders the children helpless in times of moral danger. Parents do not always advise girls to compel respect from boys and young men, and girls shrink from discussing such subjects with their mothers; consequently familiarities are permitted which later tend to illicit relations. With the approach of puberty comes sex passion and at first neither boy nor girl fully understands its significance; both are prompted by curiosity and both may become its victims.

Coupled with ignorance and low standards we find weak minds and weak wills. Young girls are frequently ensnared by men because they do not have sufficient will power to resist them. It is well known that many boys deliberately indulge in sex relations and have come to recognize them as accepted forms of pleasure. They therefore seduce young girls, especially those belonging to some lower social stratum. For some peculiar

reason such girls are less resistant than others to boys or men supposed to come from a so-called higher class. Many older boys also frequent houses of ill repute.

The loose and indiscriminate discussion of sex problems in current books and magazines has led to serious anti-social attitudes on the part of thousands of adolescent boys and girls, who instead of recognizing in sex the stimulus to inspiring personality and to unique comradeship between men and women, consider it nothing more than nature's plan for heightening the sensual pleasures of humankind. Such attitudes lead to the growing menace of pre-marital sex relationships, to the reckless petting and physical intimacies that endanger a lasting love-life, and in many cases to unwanted parenthood. Wholesome instruction which emphasizes the duties and responsibilities of our youth and coordinates them with the legitimate pleasures of life is therefore sorely needed.

3. The Incidence of Venereal Disease.

Promiscuity leads to venereal disease. Data relating to this problem are somewhat indefinite, since no accurate count of the number of venereal disease cases is possible. Interesting estimates, however, have been made. Our army statistics showed that among the second million of drafted men for the World War the proportion suffering from social diseases was 5.6 per cent. If careful laboratory tests had been made, the actual number would no doubt have been discovered to be considerably larger. The study made by the United States Public Health Service in 1928 throws additional light on the problem. The report is based on information covering a population of 18,000,000 and therefore should be considered sufficiently representative to justify valid conclusions. Applying their figures to the entire country, the authors of the report conclude that at any one time 643,000 persons are receiving medical care for syphilis and 474,000 for gonorrhoea. The estimated case rate per 1,000 was 9.65 for males and 4.85 for females. These figures do not include the thousands obtaining medical attention

from quacks nor that unnumbered group who rely on patent medicines secured from the corner drug store.

A similar study has been made of the annual attack rate, but the figures are based on returns obtained from an urban area containing approximately 2,000,000 people. According to these figures, every year in the United States 423,000 cases of syphilis and 679,000 of gonorrhoea arise and are given medical care. The attack rate for gonorrhoea is much higher than that for syphilis, but at any one time more individuals afflicted with the latter than the former disease are receiving medical care. Again, more males than females apply for aid.¹

These studies show that more than 1,000,000 young men and young women are regularly obtaining medical care for venereal disease and that each year another group equally large contracts these diseases and appeals to the physician for help. Although many observers have estimated the incidence of venereal disease as much higher than indicated by the facts herein presented, the studies by the United States Public Health Service present the most reliable information on the subject and have not been outdated nor disproved.

It is difficult to secure adequate data concerning the effects of venereal diseases, but certain results are known. Formerly one-fourth to one-third of the blind children in our state schools were blinded by ophthalmia neonatorum, which results from the infection of the baby's eyes by a gonorrhoeal mother. According to the latest figures about 7 per cent of all blind minors owed their blindness to this cause. The decline is due not to a decrease in the amount of venereal disease but to the enforcement of state laws requiring physicians and midwives attending a birth to apply the prophylactic that will prevent the disease. Gonorrhoea also produces sterility especially after the birth of the first child.

Syphilis infects the blood and befouls the entire body. Its effects are most disastrous because of the death-dealing consequences to both women and children. It has been shown for

¹ *Journal of Social Hygiene*, January, 1930.

example that more than 50 per cent of the syphilitic children die in infancy, and that most of the remainder grow up weak and sickly. Furthermore, the stigmata of the disease may be transmitted to a later generation. Many miscarriages and abortions also result from syphilitic infection.

Again a large proportion of all the abdominal operations on women, especially married women, have been made necessary because of infection from gonorrhœa or syphilis. Likewise a majority of the deaths from inflammatory diseases peculiar to women are a result of venereal disease. That syphilis shortens life is also indicated by the records of life insurance companies, some of which require extra payments from syphilitic persons. Furthermore, the disease is a frequent cause of general paralysis, locomotor ataxia, apoplexy, insanity, and other ailments.

Both gonorrhœa and syphilis are diseases that can be transmitted by means of the discharge from sores on the fingers, lips, and other parts of the body, and by means of contamination from kissing, from clothing, pipes, towels, and various other articles.

4. Objectives of Social Hygiene.

The aims of the American Social Hygiene Association represent the principal objectives of the social hygiene movement. These aims are stated as follows:

1. To preserve and strengthen the family as the basis of social unity.
2. To promote educative measures concerning the relations of the racial instinct to the conditions of civilized society.
3. To emphasize the responsibility of the community and the individual for preserving or improving the quality of future generations by educative and social measures.
4. To further social customs which promote a high and equal standard of sex conduct in men and women.
5. To promote the prevention and treatment of venereal disease by appropriate educative, medical, and social measures.
6. To repress commercialized vice.
7. To ameliorate conditions conducing to promiscuity.
8. To cooperate with the various organizations interested in the above subjects with a view to coordinating efforts to secure these ends.

These objectives do not limit the program to sex education. They cover the larger field of sex and human life and prepare for wholesome marriage, successful parenthood, and desirable parent-child relationships. Other organizations such as churches, schools, and specific types of social welfare societies have set forth the aims of sex education but none have so completely covered the ground as in the case of the foregoing statement of objectives.

5. Principles of Sex Education.

Bigelow, Exner, Snow, Galloway, and others have studied the fundamentals on which a program of sex education should be based. The essential principles to be considered are the following:

The sex impulse is natural and honorable. Youth should not be taught that sex should be suppressed, but rather that it needs to be controlled.

The facts of sex are laws of nature and cannot be evaded.

Normal sex consciousness should be preserved so that all may realize a greater fullness and richness of life.

Sex education should not deal primarily with the venereal diseases but with the constructive aspects of the problem.

Instruction should be adapted to the age, education, and maturity of the pupil.

Sex instruction should not aim to arouse premature curiosity but should be adapted to the child's requirements. It should not evade the subject, it should be enlightening but inspiring.

The scientific spirit must be maintained by instructors. Exaggerations and dogmatic statements must not be tolerated. Instruction must be in harmony with the best thought in biology, psychology, and sociology.

As a general rule sex instruction should not be given in special courses on the subject. It should ordinarily be integrated with the subject-matter taught in such branches as physiology, ethics, psychology, physical education, and sociology.

Sex education should deal with the various aspects of human life and should not be limited to the physical factors. The sociological, ethical, psychological, and religious must be given consideration.

The program of sex education must make use of the recreational interests of children and young people.

Sex education must appeal to all character-building motives. It must therefore appeal to the faculties that reach the will. Not only reason but emotion must be touched.

A small group of individuals oppose these principles and object to the program of sex education as set forth by the American Social Hygiene Association. This opposition claims that if adequate religious instruction is given, sex education becomes unnecessary. This attitude, however, assumes too much. It takes for granted that religious training will automatically result in such sex conduct and behavior as befits the social needs of the day. As a matter of fact, much religious training is so divorced from the habits of daily living that it utterly fails to influence sex behavior.

It is also argued that sex education in the schools will result in undue attention by children to sex life and activity; that the social age of children is appreciably advanced thereby and that unhealthful sex complexes will result. Again a group of children taught social hygiene may treat the subject in a frivolous manner, ridicule the idea, and sink deeper into the very mire from which sex education is expected to save them. It is true that the psychological effects of mass education in this field of knowledge may produce unwholesome attitudes, but it is precisely these dangers that the current program of social hygiene seeks to avoid by adapting the method to the essentials of scientific procedure.

Many individuals claim that the teacher is unable to obtain the full confidence of the children such as parents or even physicians may enjoy; that therefore he cannot guide or instruct the child successfully on these delicate subjects. Others insist that the function of providing sex education belongs entirely to the home and to the church and that the schools should not even pretend to accept it. Gradually, however, the principles enunciated above are gaining ground, with the result that school, church, home, and social agency are all participating in a program of social hygiene.

6. Training in Social Hygiene.

a. Social Hygiene Societies.

The older organizations dealing with sexual pathology confined themselves largely to attacks on the so-called social evil, or commercialized vice. Gradually other organizations were formed for educational purposes and these were later merged into the American Social Hygiene Association. Fifty-two state and local agencies and councils are now engaged in promoting the program of this association. The objects of the original societies were largely to lessen the spread of venereal diseases, little attention being paid to the constructive phases of the problem. This attitude was the natural outcome of the interest of the physician in preventive medicine, for it was he who first apprehended the dangers of social disease to civilization. He failed, however, to appreciate the broader relation of sex life to social behavior, to family, and to parenthood. Gradually certain valid principles of social hygiene were accepted and a comprehensive program of education adopted.

The program of the social hygiene societies is quite varied in character. It includes medical measures for the handling of venereal disease, legislation dealing with these diseases and their spread, law enforcement, protective measures, sex education, the development of better recreational activities, and kindred subjects. The most important of these activities, however, is the promotion of sex education.

The national organization has prepared much valuable literature for use by children, adolescents, young men and young women, for persons about to marry, for teachers, parents, and social workers. This literature includes books, pamphlets adapted to particular age groups, and reports on desirable methods of providing sex education. The society has developed a series of motion pictures, many lantern slide lectures, and educational exhibits. These materials may be used by local organizations, schools, and churches. The books and pamphlets may be distributed to individuals for use in their educational

work. Special lecture work by staff members of the organization carries the program to all parts of the country and to a great variety of groups.

Special efforts have been made in connection with local societies to interest the schools in social hygiene, and the interest of the churches and other organizations has also been invited. The actual task of providing sex education to the individual must, in most cases, be undertaken by local agencies sufficient in number to reach the bulk of human beings. Therefore social hygiene societies must provide the stimulation while other groups or individuals must carry out the program.

b. The Public Schools.

Even though it were desirable that sex education be given exclusively by parents, American habit and tradition have inhibited most parents from discussing freely with their children problems of sex and their meaning for life. Culture traits do not vanish overnight and society cannot wait until parents are ready and able to provide the needed sex education. Furthermore many parents will never be able to assume this obligation. As a consequence the public school must enlarge its service in this direction. It reaches nearly every child and has a unique opportunity to equip each with the needed sex knowledge and with instruction as to the place of sex in the economy of social relations.

There are four great obstacles to an adequate program furnished by the schools. In the first place, many boards of education lack the broadness of vision necessary to introduce the subject of social hygiene into the schools. Again many parents violently object to the teaching of the subject to their children. Frequently they say that they want their children shielded from sex knowledge, although investigations have clearly shown that these children already have collected an amazing amount of misinformation, and that the problem is not whether children shall be instructed, but who shall give the instruction.

In the third place, many teachers are inadequately trained

for the task of giving instruction in this field and therefore present the subject in a bunglesome or distressing manner. The reaction on parents creates an adverse public opinion with the result that efforts at sex education may be discontinued. Finally, inability on the part of the schools to substitute for mass instruction such individualization as the situation requires often develops a peculiar psychology of sex that may do more harm than good. These handicaps are not inherent in sex education and can eventually be removed, but the forward movement is necessarily slow.

In spite of obstacles, sex education has gained a considerable foothold in the schools. In 1927, according to a study made by the United States Public Health Service, 2,582 high schools out of a total of 5,745 replying to an inquiry reported that they were giving some type of sex instruction. In 917 schools the instruction was classified as emergency and in 1,665 it was integrated with other work. The latter method is in accord with the accepted principles of sex education. In most of these schools the planned curriculum does not specifically cover the subject-matter that is to be taught, but the details are left to the discretion of the teacher.

Integrated sex instruction was given largely through such courses as biological science, physiology and hygiene, general science, social science, and home-making. The emergency courses consist of special lectures, the use of pamphlets and exhibit material, and observations of animal life. They are usually less balanced than the work given through an integrated program and meet with less approval. The great majority of high-school principals favor sex instruction, but many of them do not find its introduction into the schools expedient; they are waiting for the arrival of a more intelligent day.

Instruction in the various aspects of social hygiene cannot be confined to the senior high schools but must percolate down through the different grades as far as seems socially desirable. With the advent of junior high schools, additional opportunities for instruction and guidance of youth can be provided. This

instruction should be developed through the school courses such as those mentioned above, through the voluntary activities carried on by the pupils, and through personal conferences. The subject-matter handled through formal courses must be graded to fit the physical and social age of the pupils. In their club and social relations boys and girls under proper direction will learn what qualities are necessary for mutual welfare and what are the desirable attitudes and behavior traits preparatory to the more lasting companionships. Personal conferences can deal with the more intimate problems that frequently arise and over which many of our youth are perplexed and confounded. Many questions cannot be answered in class and before an entire group and must be referred to the personal worker who, if well grounded in the subject-matter of social hygiene, can become amazingly successful in constructing or reconstructing the thinking and action of adolescents.

The foundations for successful sex education must be laid in the elementary schools. The perverted knowledge which boys of nine or thereabouts are apt to gather must be redirected as promptly as it was obtained. Through the study of nature, of plant and animal life, information is obtained and attitudes are inculcated which furnish the basis on which right social relations can later be erected. To what extent positive sex education may be given must be determined by the wisdom of the teacher. Cautious and diplomatic she must be, but always she must seek to make sex a wholesome thing and an outstanding factor in character development.

The success of sex education and social hygiene in the schools depends on the adequacy of the training given to teachers and the care and judgment with which these subjects are handled in the office or the classroom. Our teacher-training schools and colleges should give their students as thorough a training in social hygiene as they do in other fields of elementary and secondary school instruction. This goal has not yet been achieved with the result that many teachers are turned over to the schools without the least capacity for meeting this problem.

In recent years a certain amount of instruction has been given, but much of it is limited to the natural development of life processes as seen from the standpoint of the biologist and physiologist, while the significant sociological aspects of sex life and behavior are entirely overlooked. Under such conditions teachers cannot be trusted to guide and instruct with the efficiency that the social situation demands.

c. Churches and Religious Agencies.

Although the church is unceasingly engaged in ennobling and spiritualizing the lives of men and women, it has frequently failed to take full advantage of its opportunities. Antiquated methods have triumphed at the expense of practical results. In the field of social hygiene its rôle heretofore has been comparatively insignificant. The abstract teaching of morals without application to sex and social life is quite barren of results. The training schools for church school workers have slighted such subjects as social hygiene and have not even handled the problem of the family from certain important viewpoints. Progress, however, is being made, meanwhile isolated courses in sex education are being given. Special organizations such as the Young Men's Christian Association and the Young Women's Christian Association have been more progressive and have provided lectures for special groups as well as devoted time and effort to individual conferences. Usually they do not reach the younger boy and girl and therefore they do not impart to individuals first sex instruction. As a result much that has been learned must again be unlearned. How much better it would be if constructive advice and guidance could be given as soon as it is needed by a child and the barnyard or alley were not given the first opportunity.

There is an important rôle for the church to play. It can help to train parents so that they can interpret sex to their children and become helpful in the development of appropriate social habits and boy-girl relationships. Among the courses suggested as deserving a place in the church school curriculum

are the following:¹ a training course for teachers of classes; classes for parents; courses for special groups, such as young men of marriageable age, young women, high-school boys, high-school girls; classes for older men and women dealing with the social conditions which influence sex life and behavior for weal or for woe. The churches can do much personal work. Pastoral service offers an opportunity for a frank discussion of many vexing problems but success in this respect requires that the pastor or visitor be versed in the technique of sex instruction and also be well informed on the subject. The theological schools and other institutions that train church leaders need to give their students an adequate appreciation of the meaning and service of social hygiene; otherwise the churches will not function successfully in this field.

d. Parents.

The obstacles to successful sex instruction by parents have already been indicated. Those parents who do not dignify sex and the social relations dependent on sex are incapable of presenting these subjects to their children. Nevertheless the confidential relations between parents and children should be such that all of these problems could be adequately discussed and satisfactory rules of behavior established. An increasing number of parents now give instruction to their children; some answer the question, "Where does the baby come from?" and partially disarm the growing curiosity of the questioner; others give information to boys and girls in respect to the problems of puberty; a few discuss the part played by each parent in the marital adjustment, but the great majority evade questions and force their children to turn to other sources of information.

The immediate need is not an effort to persuade parents to give sex instruction to their children but to train them so that they may be able to shoulder the burden. The adult education

¹ Galloway, T. W., *The Part of the Church in Social Hygiene*. Published by American Social Hygiene Association.

divisions of both local and state departments of education cannot afford to evade this responsibility nor can parents offer any valid objection to this extension of service. Parents who object to sex education of children in the schools cannot consistently object to receiving some training themselves.

7. Results of Sex Education.

In its larger aspects sex education begins almost with the birth of the child. Every individual is soon treated as a male or a female. A sex consciousness is forced on every child and he or she is required to think accordingly. Artificial differences in behavior, mode of life, ambition, and standards of conduct are encouraged and the genuine dynamics as a factor in the promotion of the finer social relationships on which cultural progress depends are neglected. Thousands of young men and women still rush into marriage with but little appreciation of what is involved, with little or no instruction either ethical or biological. The sex factor is still the most important single item in the list of causes of maladjustment in family and home. It underlies divorce, desertion, incompatibility, and infidelity in a countless number of cases—a fact due largely to false standards and methods of sex and character education.

Certain forms of mis-education have become rampant. Sex themes curse our current novels, short stories, and popular songs. Sex appeal commands the stage and the screen, often through lewdness, nudity, and lascivious dancing. Sex education is even attempted by commercial agencies; for example, a motion picture designed and prepared by professional actors and producers. Such pictures which invariably do more harm than good cannot be endorsed by the social hygiene associations. The goal of the social hygiene movement cannot be reached through the development of the ideals and standards presented by commercial groups, whoever they may be. Non-commercial agencies such as the school, the church, parents, social service organization, and public health department offer our only hope, and their problem has become more difficult, owing to the

persistent mis-education resulting from the excesses of inconsiderate commercialism.

There is ample evidence that the social hygiene program has accomplished much good. It has substituted wholesome information for perverted notions; it has displaced curiosity with scientific knowledge; it has lessened the fears that attend puberty; it has improved parent-child relationships; it has raised the dignity of marriage and parenthood; it has made the social relations between the sexes more natural and less constrained. The effects cannot be proved from statistics. That education has been helpful is indicated by the facts presented by investigators such as Exner, Davis, Hamilton, and others, but the adverse influences are constantly so strong that the constructive value of a sex education or social hygiene program cannot be measured. However, the movement that elevates sex from the borders of indecency and utilizes it as the culmination of the social relationships which culture has made possible—that movement must inevitably remain positive in its contributions to society.

8. Readings and References in Social Hygiene.

The American Social Hygiene Association has from time to time prepared lists of readings in social hygiene. The latest classified list, from which the following titles are selected, is particularly adapted to general use and is a good example of constructive educational service. A partial list of these titles is given below.

BOOKS AND PAMPHLETS¹ FOR

Parents and Teachers:

Cady, B. C., and V. M., *The Way Life Begins*.

Gruenberg, B. C., *Parents and Sex Education*.

Bigelow, M. A., *Sex Education*.

Galloway, T. W., *Parenthood and the Character Training of Children*.

Strain, Frances Bruce, *New Patterns in Sex Teaching*.

¹ The list from which these titles are taken is published in the *Journal of Social Hygiene*, June, 1935. The initials A. S. H. A. stand for American Social Hygiene Association.

Children:

DeSchweinitz, Karl, *Growing Up*.

Torelle, Ellen, *Plant and Animal Children—How They Grow*.

Rice, Thurman B., *The Story of Life*. American Medical Association

Early Adolescents:

Dickerson, R. E., *Growing into Manhood*.

Hood, M. G., *For Girls and the Mothers of Girls*

Edson, N. W., *From Boy to Man*. A. S. H. A. Publication 626

American Social Hygiene Association, *Health for Girls*. Publication 831.

Young People

Elliott, G. L., and Bone, H., *The Sex Life of Youth*.

Dickerson, R. E., *So Youth May Know*.

Neumann, Henry, *Modern Youth and Marriage*

Snow, W. F., *Health for Man and Boy*. A. S. H. A. Publication 839.

—, *Women and Their Health*. A. S. H. A. Publication 840

—, *Marriage and Parenthood*. A. S. H. A. Publication 841.

Books and Pamphlets on Marriage

Exner, M. J., *Education for Marriage*.

—, *The Sexual Side of Marriage*.

Popenoe, Paul, *Modern Marriage*. (In published list this is given under Young People.)

Groves, E. R., *Sex and Marriage*.¹

Everett, M. S., *Hygiene of Marriage*.¹

QUESTIONS FOR ADDITIONAL STUDY

- 1 What groups oppose sex education in the schools?
- 2 Is sex education taught in European schools?
- 3 How can the church promote a social hygiene program?
4. Why is the sex education specialist not usually desirable?
- 5 How can parents best introduce sex education to children?
- 6 What measures are necessary to combat the social diseases?

SELECTED REFERENCES

American Social Hygiene Association, Pamphlet publications covering every phase of Social Hygiene, also significant books on the subject.
Bigelow, M. A., *Sex Education*, 1916.

—, *Established Points in Social Hygiene Education*, Publication No. 820, American Social Hygiene Association

¹ Titles added by the author

- Davis, Katherine B , *Sex Factors in the Lives of 2,200 Women*, 1929.
- Dennett, Mary Ware, *Sex Education of Children*, 1931.
- Dickerson, R. E , *Growing into Manhood*, 1933.
- Galloway, T W , *Parenthood and the Character Training of Children*, 1927
- , *Sex and Social Health*, 1924
- , *Sex Character Education in Junior High Schools*, Publication No. 615, American Social Hygiene Association.
- Gray, A H , *Men, Women, and God*, 1923.
- Gruenberg, B C , *Parents and Sex Education*, 1932.
- Groves, E R , *Sex and Marriage*, 1934
- Hall, F S , *Medical Certification for Marriage*, 1925.
- Neumann, Henry, *Modern Youth and Marriage*, 1928.
- Popenoe, Paul, *The Conservation of the Family*, 1926.
- Royden, A Maude, *Sex and Common Sense*, 1922
- Sanger, Margaret, *Happiness in Marriage*, 1926.
- Strain, Frances B , *New Patterns in Sex Teaching*, 1934.
- United States Public Health Service, V D. Pamphlet 75, *High Schools and Sex Education*
- , V. D. Pamphlet 87, *Status of Sex Education in Senior High Schools of the United States in 1927*.
- Van Waters, Miriam, *Youth in Conflict*, 1925.
- White House Conference, *The School Health Program*, 1932, section on "Social Hygiene in the Schools."

PART IV

CHILD LABOR AND VOCATIONAL GUIDANCE

CHAPTER XVIII

CAUSES AND PREVALENCE OF CHILD LABOR

1. Causes of Child Labor.

Child labor, which once was a normal and inevitable outcome of the current culture pattern, has gradually become socially undesirable. However, attitudes toward child labor continue to lag behind the new industrial ideal. A certain amount of such labor therefore still persists and the fundamental causes remain but slightly modified. These causes, although they can be discussed separately, do not usually operate in isolation. Frequently they exhibit an amazing interdependence—in which fact lies the baffling nature of the child labor problem.

a. Children as Economic Assets.

Before children regularly attended the schools they engaged in either paid or unpaid labor at very early ages. Under the domestic system, work by children was quite normal and the nature of the tasks was frequently not forbidding. Perhaps the entire family worked together on a common project. The habit of child labor was so thoroughly established that there were none to doubt or dispute. It was not illogical therefore for Alexander Hamilton in his celebrated report on manufactures to urge the extension of child labor.

With the passing years has come the necessity of education, and with the industrial revolution came forms of labor not suitable to children, but the traditional belief that children should work remained unmolested. Parents do not easily distinguish between the nature of work in a factory and that in or around the home. As a consequence they continued to claim the right to enjoy the fruits of child labor. Such labor helped to fatten the family purse and enabled many parents

to shift the burden of support to the shoulders of the children.

In this country parental insistence has expressed itself in various ways. The child on the farm is expected to work as soon as he is physically able. At first the tasks are light, but gradually the heavier jobs will tax his energies. If such labor degenerates into drudgery and prevents education and legitimate leisure time, it becomes harmful. As a matter of fact it often happens that the farmer's son is deprived of the education necessary to become efficient in any other occupation than that of farming. The belief in the right to the complete control of one's children has led many farmers to arrange for the employment of their sons on other farms. This form of child labor for pay often means exploitation of the boy both in respect to hours of labor and amount of compensation.

In cities and industrial communities live many immigrant families that have brought with them the old-world tradition that it is the duty of the child to work, and the privilege of the parent to force him to do so. As a consequence such parents frequently assist children to evade child labor laws or require their children to enter some gainful occupation as soon as their ages will permit. Many children therefore drop out of school the day after the working age has been reached. Education or school life means nothing; but work for wages, everything. These attitudes are easily understood, since most of the immigrants from southern Europe have had so little education that they have not profited therefrom and accordingly do not realize its value for the American child. Furthermore they hold that children are the best old-age insurance and that support of parents by children is as obligatory as support of children by their parents.

b. Poverty.

Poverty has ever driven children to work. When the family cannot maintain itself above the dependency line without the aid of children of working age, efforts to place the children in gainful employment are made. When adults are unemployed,

positions are found for the children. Economic necessity varies in intensity and parents also vary in their insistence on the use of the child to meet this problem. The failure of wage-earners to receive an adequate share of the national dividend, even in 1929 when our prosperity was so marked, has forced thousands of families to supplement their incomes with the wages of wives and, in many cases, of children.

The argument usually advanced by reactionary employers that child labor is needed for the benefit of the widowed mother stands on a very slender base. It is the family suffering from low wages, unemployment, absurd medical bills, and general lack of comforts that resorts to child labor. Of the children employed in industrial pursuits, less than 20 per cent have lost their fathers and most newsboys, in spite of newspaper statements to the contrary, live in a home inhabited by both father and mother. The low wages paid by employers, not widowhood, drive children into the gainful occupations.

It appears that child labor is increasingly due to poverty and economic necessity. According to the federal investigation of 1907-08, 30 per cent of the children were forced by poverty to find work, but the study of working children in Boston by the Children's Bureau indicated that in 1920 the proportion had risen to 40.5 per cent. More recent studies, according to the White House Conference, yield percentages due to poverty as follows: 60 per cent for a group of continuation school children in New York City; 61 per cent for working children in Pittsburgh; 71 per cent for similar groups in Seattle.¹ The unskilled or semi-skilled worker has endured a precarious living; his trade life is short and his chances for accumulating a savings account small; therefore his willingness to supplement his wage with his child's labor.

c. Attitude of Child.

The attitude of the child is also an important factor in the child labor problem. Neither poverty nor parental insistence

¹ White House Conference, *Child Labor*, p. 19.

may be the driving force but the compelling desire of the child to earn a little money directly. This desire is frequently stimulated by dissatisfaction with school. To a large number of children, especially boys, the school curriculum is not stimulating, and therefore school is abandoned as soon as possible and efforts made to secure a position. Many children do not understand the value of education, and, on the other hand, much education has but little value. Boys and girls want to employ their time in stimulating endeavor, and when the school disappoints, they turn to gainful occupation for the thrill they have failed to receive. Most young persons also develop a spirit of independence and desire to demonstrate their working capacity. Gainful occupation increases pride and self-reliance, and in turning from the monotony of school to the unexpected drudgery of child labor children do not realize what this step will cost them.

Children must be kept busy. If school does not attract them, a substitute is found. That the schools do not absorb the interest and attention of certain restless boys and girls is well known, that this failure is in part due to defects in the school system is not everywhere admitted. Nevertheless the pressure of mass education and lack of individualization leave many children discouraged and wasteful of their time. The objectives of education have not registered themselves on the minds of pupils and frequently these objectives have not been realized. The dull or backward child has become discouraged and the supernormal child disgusted, therefore both have abandoned school and sought excitement elsewhere.

Older studies of the causes of child labor indicate that formerly approximately 40 per cent of the working children in manufacturing and mercantile occupations entered of their own choice. This proportion has steadily fallen, owing to the greater attractiveness of school, and a recent survey made in Seattle reduced it to 12 per cent.

The desire of a child to enter the gainful occupations as early in life as possible is influenced by other considerations than dislike for school. Many boys believe that the newsboy's work

will lead to advancement and possibly to a business career. Many are taught that the sooner they work for pay the sooner will they reach the height of their industrial career. Such children chafe under restraint and turn to industry as soon as the law permits. Nothing thrills a young boy more than the first wages he receives. Our individualistic philosophy has led thousands of boys to believe that, even without preparation or guidance, they can easily climb the ladder of industrial success. Only too often tragic failure is recorded in the broken lives of the embezzler, the forger, and the gambler.

d. Attitude of Employers.

Much child labor results from the unceasing efforts of employers to substitute child for adult labor. The claim by industrial associations that employers do not want child labor is successfully refuted by the fact that employers have steadily opposed and do now oppose adequate child labor restrictions. The history of child labor legislation is the history of a constant struggle against the resistance of the employing elements. The slow evolution of the child labor laws of Pennsylvania is an illustration of this fact.

The menial character of much labor lends itself to the employment of children. Adults would not content themselves with the wages that would be paid. Consequently employers insist on the substitution of children in order that the work may be done more cheaply. The opposition of employers in 1935 in such states as Illinois and New York to improved child labor legislation graphically illustrates the culpability of industry for the persistence of the child labor problem. In the early days the textile manufacturers of New England fought child labor reform. Later silk-mill operators and coal-mine owners in Pennsylvania did likewise. The canners in New York not only violated child labor restrictions ruthlessly but interfered with better legislation. In the South the cotton-mill manufacturers have prevented legislation such as that finally obtained in Massachusetts. The beet sugar industry has opposed laws protecting

children from the arduous tasks of cultivating and weeding beets. Industrialized agriculture has been equally insistent on claiming the right to use children for the numberless small but fatiguing tasks to be performed in this field of economic effort.

Last but not least, the newspapers have drawn heavily on child labor in order to increase the sale of papers. Efforts to amend child labor laws have regularly been impeded by the newspapers, particularly when the attack is made on the street trades section of the law. Although the street trades are notoriously undesirable forms of work for small boys, nowhere does the state law apply as high restrictions on the newsboy as it does on children in industry and trade. When the Minnesota Child Welfare Commission presented its list of bills, the regulation of the street trades was included. It was forced to withdraw this measure, otherwise the entire code would have been placed in jeopardy. The newspapers having been pacified, all of the bills with a few minor exceptions were enacted into law. The newspaper code under the National Industrial Recovery Act was fought by many of the leading newspapers because extended protection was demanded for the newsboy. There is no sentimental interest in the newsboy. He is not usually an orphan nor do his wages add greatly to the family income. He does succeed in selling papers when older venders might fail.

In justice to employers it should be said that friends of better child labor laws are found among various groups of manufacturers. Furthermore the progressive men have deliberately declined to employ child labor even though the cost of operation was somewhat increased thereby. A better view is gradually developing among employers, but the governing boards of trade and manufacturers' associations are still shamefully antagonistic to the welfare of our children.

e. Indifference of the Public.

Although the public does not directly promote child labor, it bears a share of the responsibility when it condones or ignores it. The culpability of the public takes several forms: a willing-

ness to allow under-aged children to support dependent parents; direct preference for the goods or wares peddled by small children; failure to recognize the menace of premature child labor, the purchase of goods at the lowest possible cost regardless of the kind of labor that may have been involved; failure to insist on adequate legislation. The public frequently visualizes a given situation but fails to sense the general problem. It will patronize the small newsboy who may indeed be in want, but it does not give thought to the dangers that will confront many small boys if the street trades are exempted from the child labor law.

2. Amount and Distribution of Child Labor.

With the growth of the industrial system a gradual increase in the proportion of children in gainful occupations occurred. As child labor laws were enacted, an opposite tendency began to manifest itself. The occupational distribution of child workers at different periods according to the federal census is as follows:¹

OCCUPATION	CHILDREN TEN TO FIFTEEN YEARS OF AGE					
	1930		1920		1910	
	Number	Percentage	Number	Percentage	Number	Percentage
Agriculture . .	469,498	70.4	647,309	61.0	1,432,428	72.0
Mining . .	2,746	0.4	7,191	0.7	18,090	0.9
Manufacturing	68,266	10.2	185,337	17.5	260,932	13.1
Transportation	8,717	1.3	18,912	1.8	20,800	1.0
Trade . .	49,615	7.4	63,368	6.0	70,700	3.6
Public service .	485	0.1	1,150	0.1	537	0.0
Professional service . .	4,844	0.7	3,465	0.3	3,566	0.2
Domestic and personal service . .	46,145	6.9	54,006	5.1	112,171	5.6
Clerical occupations . .	16,803	2.5	80,140	7.6	71,001	3.6
Total	667,118	100.0	1,060,858	100.0	1,990,225	100.0

¹ Fifteenth Census of the United States, 1930, *Occupation Statistics. Children in Gainful Occupations*, p. 8, Table 8.

These figures indicate that since 1910 a marked decline in child labor has occurred. This decline has been registered in every occupation but the drop in certain employments has greatly outstripped the loss recorded in others. Agriculture remains at the top with 70 per cent of all child labor under sixteen, and 45 per cent of the labor of persons from ten to seventeen years inclusive. Unfortunately the figures do not enable us to learn what proportion of the children are working on home farms and how many work for wages on other farms and in industrialized agriculture, truck farming, and fruit raising. Children on the home farm usually enjoy a reasonably healthy and moral environment, and the parental supervision is apt to be intelligent and constructive. On the other hand, a large proportion of the farm families of today suffer from so low a standard of living that child labor necessarily follows.

Industrialized agriculture offers a serious problem. In parts of the country entire families are expected to participate in the work. In the beet fields small children crawl from plant to plant to simplify the task of thinning. Later they engage in pulling and topping, work that involves heavy lifting. In most of these cases the children are not paid individually for their work, but wage bargains are made with heads of families at rates which are usually but little above the pauper level.

In New Jersey many of the children engaged in cranberry picking are recruited from Philadelphia through Italian padrones. In California and other states children are engaged in strawberry picking—a very tiresome form of labor. The truck farms furnish children a variety of occupations such as plowing, harrowing, planting, weeding, and transplanting. In some cases the work is done on the home farm, but a large number of children are not so fortunate. The tobacco fields still call for many children and in the cotton industry thousands of white, Negro, and Mexican children are employed. Small children can become very successful cotton pickers because they can walk between the rows and pick the bolls without stooping.

The second largest group of child workers is found in manufacturing and mechanical industries, among which children work chiefly in the cotton mills, the silk mills, clothing factories, and various other textile industries. Older children are employed in the textile mills of the New England states, but many under sixteen are still poured into the cotton mills of the South. In the silk and woolen mills of Pennsylvania and New Jersey girls who should be in school may be found at work and the clothing industry still employs many children at an unbelievably low wage.

The canning industry continues to employ many children. The fruit and vegetable canneries are frequently located in semi-rural districts where inspection is infrequent and the law constantly violated. In the South long hours and dangerous and disagreeable work was common, and in Washington state in the fish canneries many children were at work from twelve to fourteen hours per day.

The decline in the number of children engaged in "trade" is due partly to the introduction of mechanical devices in stores whereby human energy is eliminated and cash boys and similar types of workers made unnecessary. The chief occupation remaining is the so-called street trades, of which the newsboy is the most frequent representative. Not only do the figures show that the number of newsboys has increased from 1920 to 1930 but a large number of newsboys are not counted in the census returns. The newsboy is found in every city where daily newspapers are sold on the street or delivered to people in their homes. Efforts have been made by dishonest newspapers to make it appear that the newsboy is an independent merchant and several court decisions have swallowed this piece of fiction, but the laws as generally written recognize him as an employee.

The number of girls from ten to fifteen years of age engaged in domestic service fell only slightly between 1920 and 1930, but the number of those sixteen and seventeen years old increased considerably. Although conditions have improved in recent

years, galling class distinctions are still the rule so that servant girls, cooks, laundresses, waiters, bell-boys, porters, and janitors suffer from low pay and menial treatment. Fortunately the tendency to place domestic service on a definite schedule covering certain hours of work has ameliorated conditions somewhat and has also made it possible for many of the workers to live at home.

A few children are engaged in professional service. They may appear in motion pictures, on the stage as actors or musicians, and in vaudeville performances as attractions of various types. Baby bands have made their appearance in many American cities and these in some cases include children under seven years of age.

The migratory child is regularly drafted into industry, along with his parents. Often migratory families leave their homes in early spring and do not return until autumn. On the Pacific coast many families move from one labor camp to another, helping to harvest the crops that mature in orderly succession. They therefore may begin in southern California in January and work their way north, reaching the apple districts late in the fall, after which they return to their starting places. Invariably all children capable of working are drafted into service. Migratory child labor is common in Colorado, Michigan, New Jersey, Pennsylvania, and New York. In 1933 approximately 1,850 children left the Philadelphia schools to go with their families to work in the country. Every year families from the metropolitan cities of New York state migrate to the small towns where canneries are located. Here men, women, and children alike are employed usually at long hours and often on Sundays as well.

Industrial home work or sweat shop work apparently has increased, especially since the beginning of the industrial depression. The problem is most serious in the industrial states of the East but vestiges of the system are found in nearly every state. Certain industries, however, lend themselves to home work more easily than others. The chief offenders are the

manufacturers of clothing, women's and children's underwear, hosiery, bags, boxes, flowers, lamp-shades, umbrellas, caps, and hats. Employers send the unfinished materials to the home where mother and children attempt to complete the work. Usually the wages are exceedingly low, children frequently earning as little as five cents an hour. Very young children have been used in many cases; unscrupulous employers have taken advantage of the terrible need, and hours have grown longer and longer to make up the pitiful income of the families concerned. The conditions in industrial home work around the eastern factory districts have become quite comparable to those of fifty years ago. Cases have been found in Connecticut of children working eighty hours per week.

Although sweat shop work is largely confined to immigrant families, the cause lies not in the desire of the immigrant but in the dreadful poverty from which he suffers. In New York approximately one-half of the workers are Italian, but in Chicago there are many Polish and Jewish workers as well. In recent years many Negro families have been forced to take work into their homes, and in California sweat shop labor has begun among the Chinese and Japanese.

The conditions of children in industry were decidedly modified by the National Industrial Recovery Act which eliminated much child labor in factories, mines, and stores, but the nullification of the law immediately resulted in the reemployment of many children so that the situation in 1936 has again become ominous.

Approximately two-thirds of the children in industry are boys and one-third girls. These proportions, however, are not uniform for the various occupation groups. In agriculture the ratio is nearly three to one, while in manufacturing the numbers are almost even. In trade, boys outnumber girls eight to one, but in domestic and personal service the ratio is two to seven. Very few girls are engaged in transportation and the newsgirl has all but disappeared.

3. Ages of Working Children.

The age distribution of working children in 1930, as given by the United States Census was as follows: ¹

<i>Age</i>	<i>Number</i>
10-13	235,328
14	157,660
15	274,130
16	587,817
17	891,024

Total 2,145,959

These figures do not include working children under ten years of age, no actual count having been made of this group. The child labor laws of the previous decade had gradually forced many of the younger children out of industry so that the number between the ages of ten and fourteen was reduced to a total of 235,000, against approximately 378,000 in 1920. Certain occupations, such as newsboy, errand boy, fruit and berry picking were not reached and in these the employment of the younger children has continued without diminution.

The Children's Bureau studied canneries in seven states and learned that one-third of the children employed were under fourteen years of age and that many were actually less than ten. In most states the law permits boys of ten and over to sell newspapers. As a result boys who are too young to work in factories are permitted outside of school hours to sell newspapers on the streets. The figures indicate that the modal newsboy age is twelve years and that, in spite of the laws, many boys under ten may regularly be found in the street trades. Theatrical work represents a group of occupations in which the small child is permitted. Many motion picture performers are very young, some of them being mere babes in the arms of their mothers and not capable of professional work but able to pout or to cry at convenient times. The production of motion pictures is largely concentrated in a few states. More than one-half of the estab-

¹ Fifteenth Census of the United States 1930, *Occupation Statistics*, p. 86.

lishments are in California, the remainder being scattered about in fifteen other states, of which New York, New Jersey, and Illinois are the most important. The agreement between the motion picture industry and the Los Angeles Board of Education permits children under two years of age to remain four hours a day on the scene of operations, two hours of which may be spent in work. Analogous hours for children between two and six years of age are six and three. Small children, however, are not permitted to work in glaring lights for more than a very brief interval.

Under-aged children have regularly been employed in the beet fields of various states. In 1935 the National Child Labor Committee in its survey of Colorado beet fields found that, among the families employed, 85 per cent of the children from seven to fifteen years of age were also at work. Some of these children were not more than five years old. Studies of the cotton industry report that eight-year-old children can become very skillful cotton pickers. Wherever migratory child labor thrives, there a large number of the working children are under fourteen years of age. They may be at work during the vacation season, but many are not rounded up by attendance officers while school is in session and are actually at work when they should be attending school. Industrialized agriculture throughout the country employs a great many such children, but the approximate number cannot be determined.

Even before the advent of the industrial depression, industrial home work was on the increase. Studies made in New York, New Jersey, and Pennsylvania show an age distribution for the children engaged in such work as shown in table on page 308.¹

Since the supervision of industrial home work is so tedious a process, little control of the system has been possible. Accordingly, women and children together engage in the finishing work brought to the home. After school hours and on Saturdays and Sundays child labor of this type flourishes. Adequate methods of control have not yet been devised.

¹ White House Conference, *Child Labor*, p. 129.

Age	New York %	New Jersey %	Pennsylvania %
Under 8	10	5	15
8, under 10	16	19	18
10, under 12	22	25	25
12, under 14	31	30	24
14, under 16	21	21	18

QUESTIONS FOR ADDITIONAL STUDY

- 1 What is the best way to change the public view on child labor?
- 2 Study opposition by employers to child labor law improvement
- 3 How far should the child be encouraged to forego gainful labor until he is sixteen?
- 4 How shall we deal with parents who need the wages of children?
5. Can migratory children be kept from working?

SELECTED REFERENCES

- Altmeyer, A. J., *The Industrial Commission of Wisconsin*, Part IV, "Woman and Child Labor," 1932
- American Child*, The (monthly magazine) Published by National Child Labor Committee.
- Gibbons, C. E., *Child Workers in Oklahoma*, 1929
- Mangold, Edith P., *Children in Industry*, 1934 Published by National League of Women Voters
- Monthly Labor Review*, December, 1934, "Child Labor in the United States."
- National Child Labor Committee, *Child Labor Laws and Child Labor Facts*, 1929.
- , *Child Labor Facts*, 1932.
- United States Bureau of the Census, *Fifteenth Decennial Census*, 1930, "Occupation Statistics," 1933.
- United States Children's Bureau, Publication No. 197, *Child Labor-Facts and Figures*, 1933.
- , Publication No. 227, *Children Engaged in Newspaper and Magazine Selling and Delivering*, 1935
- , Publication No. 187, *Children in Agriculture*, 1929.
- White House Conference, *Addresses and Abstracts of Committee Reports*, 1931
- , *Child Labor and Vocational Guidance*, 1932.

CHAPTER XIX

SOCIAL ASPECTS OF CHILD LABOR

1. Introduction.

The original opposition to child labor was largely based on humanitarian motives. The horrible conditions which formerly prevailed finally determined sympathetic men to abolish the atrocious system. Shaftesbury, Dickens, and other philanthropists developed the public opinion that investigated the evils of child labor, but the economists at first opposed its abolition on account of the reputed detriment to the industries affected. Later they discovered an economic justification for such legislation. This evolution first took place in England, but in the United States an almost similar development occurred. Here the original attitude toward child labor was the exact opposite of the one held today.

When our manufacturing enterprises began to spring up in the Eastern states, it was generally believed that industry could be more productive and children more useful by their employment in gainful occupations, especially in the manufacture of textiles. The cotton and woolen mills therefore soon began to swarm with little children called from the farms and small towns of New England. The wages received were absurdly low, but this very fact made the business more profitable to the capitalist! In 1812 many children were employed at less than a half-dollar per week, but by 1832 boys in the cotton mills commonly received \$1.75 for a week's work. Our legislators, however, were not interested in the wages of children, their chief concern being with the development of industry. Child labor was a mere means to a justifiable end.

Fifty years ago there was little knowledge of the effects of factory conditions on the average trade life of workers. The

speeding-up process in industrial establishments had not been perfected and fatigue was less common than today. The bulk of child labor consisted of work in agricultural operations, usually on the home farm.

When children began to work in the coal mines and in occupations that were unhealthful, the evils of child labor became evident. A public opinion in favor of restrictive legislation arose and an evaluation of the social aspects of child labor was attempted. Economic, educational, moral, and social phases of the problem were studied and the results given to the public.

2. Economic Aspects of Child Labor.

The economic disadvantages of child labor are almost self-evident. Owing to the physical depletion which results from premature labor in factories, mines, and workshops, child labor seriously shortens trade life. At best the number of working years for the average working man are limited. The strain in the industry of today is such that the boy who begins work at an early age will soon reach the end of his days of employability. Meanwhile he will not have been able to save sufficient money to care for himself during the remaining years of life. Child labor, therefore, naturally leads to the eventual poverty of its original victim.

Owing to his failure to receive adequate training and education, the child worker is prevented from developing normal efficiency. He is forced to join the ranks of unskilled workers and remains the victim of low wages throughout his industrial career. Child labor means unstable labor. Seldom does the child remain in the same position longer than a few months. The monotony of the work drives him to seek a new job and this in turn proves unsatisfactory, so that he is constantly floating from one kind of work to another.

Again the type of job open to children does not naturally lead to a better position or to promotion. A remarkable percentage of boys entering industry do little more than routine work and are not being prepared for a permanent job. For example,

very few newsboys ever enter the newspaper business. Child labor is no longer a valuable form of training for a commercial or industrial career. Usually it develops a habit of irregularity and leads later to unemployment. Without doubt in a very large number of cases, children working between the fourteenth and sixteenth years of life have not only wasted their time but have irreparably injured their hopes for industrial success.

The average working child does not know his own mind and knows little of the opportunities in industry. Meanwhile he has lost several years of time and his chance for further education has disappeared. Once out of school he cannot easily be persuaded to return. Handicapped as he is, he will soon reach the limit of his earning capacity and in a few short years be thrown on the industrial scrap heap.

a. Child Labor and Unemployment.

That machinery reduces the demand for human energy and results in increased unemployment is so well demonstrated that none but the most hopeless individualist will deny the fact. In the future, working hours can be shortened and labor limited to adults, thereby giving children an opportunity to spend their youthful years in education rather than in gainful occupation. Because it displaces adult labor, the work of children increases unemployment. Technology informs us that if the industrial production of 1929 were repeated, it could now be done with 5,000,000 fewer workers than before. Accordingly there can be no doubt that boys who work are displacing men, and girls are displacing women. But the wages of youth are less than those of adults, and therefore the employment of children goes merrily on.

Child labor actually reduces the wages of adults. In many cases wages depend on custom and are sufficient to enable a man to live decently. The character of the work, however, is such that it could be performed by a boy under sixteen or seventeen. When the employer substitutes the boy for the adult, he does not continue the customary wage but pays children's wages.

Very shortly the men find themselves in competition with a group of children. They also discover that the cheaper wage is being substituted for the other. Soon the entire wage level has been reduced to that of the child's labor and the head of the household is no longer able to earn a sufficient income to maintain a decent standard of living. If he has children of working age, he then forces them to enter the mills to help eke out a precarious family income. As these children compete with their parents, the latter are dropped from the industrial payroll and unemployment continues unabated.

Machines have become so automatic that in a few cases factories are being operated without any regular employees other than the skilled mechanic who visits the establishment from time to time. Accordingly a factory may run an entire day without the presence in it of a single person. The simple processes that may be required in connection with the work of many machines can be handled by children, and if the children are used, the adults are displaced. Machinery that two decades ago tended to reduce child labor now becomes an ominous factor and threatens to bring about increased child labor, particularly of boys between sixteen and eighteen years of age.

b. Children and Industrial Accidents.

Industrial accidents are responsible for a considerable loss of life and limb among both adults and juveniles. Statistics for children are not complete for the United States but the White House Conference obtained figures from sixteen states, in which were employed two-thirds of the minors under eighteen who were engaged in work other than agriculture. In these states there were annually from 2,500 to 3,000 injuries to children under sixteen and from 20,000 to 25,000 to children under eighteen. Included among the latter group were 1,000 persons who suffered from permanent disabilities and 100 who were fatally injured.¹ In addition to this army of children, there were other thousands who were weakened by exposure to dust,

¹ White House Conference, *Child Labor*, p. 374.

fumes, heat, uncomfortable postures, and overwork. The majority of them, however, will not become incapacitated for work until later in their trade life.

Machinery and motor vehicles are responsible for the bulk of the accidents. Among children under sixteen the chief cause is the motor vehicle, and among the sixteen- and seventeen-year group it is machinery. In many states the young children are no longer permitted to work in the industrial and mechanical occupations that use machinery extensively, but no such prohibitions apply to the older child. As a consequence the latter are exposed to the dangers of machinery and suffer from a high accident rate. This rate is much higher than that for adults and is an indication that no persons under eighteen should be allowed to work in any dangerous trade. Youth lacks maturity of judgment and usually does not understand machinery sufficiently well to avoid accident or injury. Shafts, belts, and gears, if not properly guarded, are a special menace to the working child.

Many children under sixteen are employed in stores, mercantile establishments, transportation, and in the street trades. They are often exposed to the difficult traffic conditions of our large cities and in many cases are struck by trucks or other motor vehicles. One wonders why newsboys and messenger boys are not injured more often than they are. Although figures are not available for the number of accidents to children working in agricultural pursuits, it is well known that many such children are injured, either by machinery or by farm animals.

Children in industry inevitably suffer from abnormal accident rates. They are naturally more careless than adults and even in comparatively safe occupations they will frequently be injured. Formerly the accident rate among girls greatly exceeded the rate for boys but in recent years the converse has been the case. This change is due to the fact that girls are pretty generally barred from the use of complex or dangerous machinery, while boys are still permitted in many cases to try out their skill.

c. Wages of Child Labor.

Information in respect to the wages of children in industry is comparatively meager. Before the advent of the industrial depression, factory work was somewhat better paid than employment in stores and other forms of commercial service. Boys are usually better paid than girls but the converse seems to be the case in respect to office work and the textile industry. In domestic service the cash wage is small but this is frequently supplemented by full or partial maintenance.

The pre-depression weekly earnings of children under sixteen in selected industries in Pennsylvania ranged from \$8.00 to \$10.00; in Rochester, N. Y., from \$11.20 to \$12.64 for boys and from \$9.91 to \$11.67 for girls. Children sixteen and seventeen years of age fared somewhat better. San Francisco reported a median wage of approximately \$16.50 for boys and \$15.00 for girls. Figures obtained from Michigan averaged approximately \$12.50 for boys and \$8.50 for girls.¹

The depression brought an almost complete collapse of the wages of children except as minimum wage laws and the temporary National Industrial Recovery Act protected them. Minimum wage laws are now operative for children in fifteen states but in several of these states no serious attempts are made to enforce the law. As a consequence the exploitation of child workers continues without definite interference.

Typical earnings of newsboys are reported by the United States Children's Bureau. In the following table are given the earnings of 1,208 newspaper sellers reported from seventeen cities in 1934.²

AGE	WEEKLY EARNINGS	HOURS PER WEEK
Under 12	\$0.82	17.8
12-13	1.30	15.4
14-15	1.82	15.4
All ages	1.41	15.6

¹ White House Conference, *Child Labor*, pp. 83-87.

² United States Children's Bureau, Publication No. 227, *Children Engaged in Newspaper and Magazine Selling and Delivering*, 1935, p. 34.

These figures indicate what a mere pittance of a wage newsboys actually receive. The younger ones earned less than one dollar weekly and more than one-half of the boys under ten received less than fifty cents a week. Apparently not many widowed mothers are being supported by their newsboy sons! Newspaper carriers fared a little better. The Children's Bureau after tabulating the work records of 1,830 carriers found that the median weekly wages for the group totaled \$1 87, forty-six cents more per week than the wages paid to newspaper sellers. Compared with figures gathered before the depression, these wages showed a decrease of fifty-two cents per week, although the number of hours worked has actually increased. No doubt the depression gave the newspapers the opportunity to exploit children even more than in previous years.

Persistent unemployment in this country lessens the opportunity of child workers to earn reasonable wages. Until the demand for labor can be greatly increased, no child worker can expect to be paid what he earns, unless, of course, the various minimum wage laws are enforced or a suitable substitute for the National Industrial Recovery Act is discovered.

3. Child Labor and Education.

That child labor is not an adequate school of training for life is almost universally admitted. As far as industrial training is necessary or required, the schools can be much more effective than industry. The latter trains a child in order to increase output and dividends; the former, to make the child a better worker and a more capable citizen. Industrial employment does not offer many helpful opportunities for useful practice or apprenticeship work. The tendency to exploit is much stronger than the desire to benefit. Accordingly the training of children must remain in the hands of the schools.

At best it has been difficult to convince the public of the social importance of education. Until recently the financial values have been emphasized and the more important social aspects of education allowed to remain in the background. A

change in view is now apparent. Children are being given the opportunity to appreciate the meaning of the larger life that modern industrial advancement has made possible. To carry out this purpose it has become necessary to increase the years of compulsory school attendance. Nevertheless child labor continues to handicap the educational opportunities of thousands of working children. For example, a distinct relationship exists between the percentage of farm and non-farm groups that gain the advantages of a secondary education.¹ As a general rule the more agricultural a state is, the greater is the advantage of the village and urban groups over the farm children. The farm boys suffer more than the girls. The former must remain at home and work, while the latter may be sent to the union or city high school.

In New England and in certain states such as Indiana and Iowa compulsory education has pretty generally kept the farm child in school, but in many states farm work is an important cause of absence from school. Absence is correlated with the maturing of certain crops. In several Southern states children drop out of school temporarily to assist in handling the tobacco crop. In Louisiana children leave school in March to work in the strawberry fields. In the cotton states children help to pick cotton in the late fall. The sugar beet crop in Colorado annually costs each one of hundreds of children approximately thirty-five days of school time. In other Western states vegetables, fruits, and berries make similar demands, but everywhere the sugar beet industry makes greater inroads on school attendance than other crops or garden products.

The school attendance of migratory child workers is badly curtailed in many parts of the country. A study made by the National Child Labor Committee in Colorado indicated that out of nearly 600 children of compulsory school attendance age, actual school attendance averaged 42.5 per cent of the possible amount. The situation is most acute among Mexican children who know little or no English, are not accustomed to American

¹ White House Conference, *Child Labor*, p. 267

culture traits, and in addition care but little for education. In states in which the Mexican migratory families assist in handling the crops, local school boards do not usually exert themselves in bringing the children into school. The crop season is short, the children stay only a month or two, the school facilities would have to be substantially enlarged, the cost of operating the school would be greatly increased, and association of the migratory children with local children would naturally follow. Under these conditions many school authorities lose their vigilance in enforcing compulsory attendance and tolerate the absence of migratory children from school. In certain states, notably California, special efforts have been made to reach these children and bring them into school.

Agricultural labor is an important factor in the retardation of school children. Boys often enter school late in the fall, absent themselves for special work projects, and leave early in the spring. Various studies of children engaged in work on truck and berry farms have disclosed an enormous amount of retardation. Although many factors contributed to produce this result, the enforced absence from school due to child labor was the most important single influence. A study made in Nebraska by the National Child Labor Committee showed that among beet workers the retardation was 56.6 per cent; among general farm workers, 28 per cent; among the non-working children, 17.7 per cent.¹

Boys engaged in the street trades, if under the age limit of compulsory school attendance, tend to exhaust their surplus energy in work before and after school hours. Accordingly they become neglectful of their school work and soon fall behind their normal grade. Among newspaper sellers a high rate of retardation has been discovered, especially in the case of boys who began to work at an early age.

4. Moral Aspects of Child Labor.

Certain types of child labor tend to become demoralizing. Among these are newspaper selling, errand and delivery work,

¹ *Op cit*, p 291

messenger service, and work in connection with commercial recreations. The small boy selling papers on the street easily degenerates into the beggar, especially if he plies his trade in the late evening, when his artifices meet with a greater degree of success. Practice in begging and in methods of deceit tend to demoralize him and prepare him for the juvenile court. Many newsboys sell papers for the sake of the attractions and adventures of the business and do not hesitate to take risks in the pursuit of their occupation. Frequently they become callous to degrading sights and often are introduced directly to a career of delinquency and crime. Many criminalistic young men acquired their tendencies to commit crime from their experience as newsboys. Additional facts bearing on this subject will be given in a later chapter dealing with the problem of juvenile delinquency.

Dishonesty among newsboys is often fostered by the newspapers when the boys are held responsible for a larger number of papers than they received for sale or distribution. Petty cheating of this type leads to cheating by the boy. In some cases the very newspapers that shout aloud the virtue of honesty actually cheat the helpless newsboy or paper carrier. One method of inoculating a child with the virus of dishonesty is to require him to tell a "hard luck" story in order to obtain a subscription. The writer has, on a number of occasions, been subjected to appeals of this type. Apparently the pressure of his employer forced the boy to invent or to repeat stories of hardship. Newspaper carriers frequently have galling conditions imposed upon them. For example, the carrier's manual of one newspaper says, "a carrier must impress upon the slow-paying subscriber that he must pay the office regardless of whether the subscriber pays or not."¹ In another case a paper would not permit a carrier to decrease the number of papers charged to him during the week. Therefore if a subscriber dropped the newspaper in the meantime the carrier had to pay the balance of the week's payment.

¹ United States Children's Bureau, Publication No. 227, *Children Engaged in Newspaper and Magazine Selling and Delivering* 1935, p. 34.

Is there any wonder that America is suffering from dishonest business practices throughout its economic structure?

Employees in the messenger service are constantly subjected to the pernicious influences of the vice districts of the city. They are often compelled to deliver messages at unreasonable hours and in localities that are clearly demoralizing and they therefore form close associations with vice. There is a large percentage of juvenile delinquency among the members of the messenger service, and in many reformatories for boys the representatives of this occupation and of the other street trades are altogether too numerous.

Some of the street trades lend themselves to the opportunity for gaming, and as the newsboy and the bootblack enjoy a large amount of leisure, they become active participants in questionable games. Shooting craps, throwing dice, and other games develop the gambling instinct in the boys of the street, and as a consequence the pennies earned through the work of the day are often lost again through the petty gambling in which the boys engage. This loss, however, is less serious than the permanent injury to character and to habits of industriousness.

Errand and delivery boys are engaged in very irregular work, which frequently furnishes excellent opportunities for stealing small articles or money. The associations are also likely to be demoralizing and, in the case of newsboys, they are not subject to regular supervision—a fact which conduces to their delinquency.

Domestic service provides the largest percentage of delinquent working girls—a fact due partly to the opportunity for petty larceny which this occupation provides and partly to the lack of protection against sex delinquency. Frequently members of the family are the guilty parties, but more often the girls are led astray by the men they meet in their search for pleasure and recreation. The domestic suffers from loneliness and lacks opportunities for companionship and for making friends. Consequently she seeks pleasure in doubtful places, hence the large amount of immorality.

In considering the moral effects of child labor, it is necessary to discriminate among occupations and advisable not to make a universal charge against industry. Labor is not intrinsically demoralizing, but rather the converse. Delinquency comes both from within and without, and the external causes must be thought of largely in terms of contacts and associations. However, long hours and overwork tend to cause excesses and the breakdown of restraints. Often the contact of the child with adult workers proves demoralizing. The young, susceptible, easily led individual acquires habits and modes of conduct that lead inevitably to his undoing. Profanity, lasciviousness, smoking, and even drinking are among the habits formed. The blunting of sensibilities which such pernicious contacts effect can only leave the mind morally distorted. Without the anchor of a good home or of a character-building agency to aid him, many a child succumbs to these sinister influences. The prohibition of child labor after a certain evening hour is justified not only as a measure for safeguarding the worker against a long day but also as a means for protecting him against evil influences. The need in this respect is even more urgent for the girl than for the boy. It is she who runs the gauntlet of curious eyes and provoking familiarities, who becomes sophisticated and loses moral reserve.

In extenuation of the evil effects of child labor it can justifiably be urged that, in some cases at least, the child has been taken from a bad street environment or has come from a most degraded home, possibly in the mountains, and has been placed under discipline in the factory. Child labor is a school of training to the extent that it may occasionally place a child in a situation where degrading influences are less aggressive than they would otherwise be. Even this slight extenuation cannot in any sense apply to the street trades.

5. Physical Effects of Child Labor.

During the period of its growth the body of the child is more or less plastic. A favorable environment makes possible the

highest development but unfavorable conditions may cause permanent injury. At the age of puberty the body undergoes considerable transformation and needs special care and attention. The muscles are easily affected at about the same age and if excessively strained may produce a tension that can never be relieved. Owing to such strain, many children suffer permanent injuries to the heart or to the arms or legs. Girls at this age are especially susceptible to the bad effects of over-strain and may become victims of pelvic disorders that later interfere with the capacity for maternity. Under certain conditions children become dwarfed or stunted and the best treatment in later years cannot restore normal strength and physique.

The improved legislation enacted since the World War has eliminated child labor from many of the more disagreeable occupations and the National Industrial Recovery Act had almost completed this task, but the return to state control of child labor again opens the way for the physical exploitation of large numbers of children.

Industrialized agriculture has become a considerable factor in preventing the normal development of the children it controls. The effects on small children forced to crawl through fields of beets, asparagus, rhubarb, or strawberries are well known to be injurious. Work in the tobacco fields is done during the hottest part of the year and involves many aching backs and irritated hands. The dust of the tobacco leaf is harmful and the smell of the green tobacco is nauseating and disagreeable. Cranberry picking, when danger from frost is imminent, compels resort to a practice called "scooping" which is so tiresome that children usually are unable to continue it longer than half a day at a time. Weeding and harvesting onions involve much discomfort for the child worker, since most of the work must be done during the heat of the summer. Children complain of the heat and also of breathing in the dust and getting it into their eyes. In truck farming many operations inimical to the health and physical development of children are constantly performed not only by gainfully employed children but in many cases also by

children on the home farm. Throughout the country many children under twelve or thirteen years of age are being subjected to physical conditions that interfere seriously with proper growth, normal posture, and the proper coordination of the muscles with such vital organs as the heart and the lungs.

Factories and mills in 1930 employed approximately 68,000 children under sixteen years of age. Although a tendency to reserve the most unhealthful tasks for older persons has developed, many children are still subjected to undesirable physical conditions of various kinds. In textile mills dust and lint are constantly present and even the best establishments cannot entirely escape these deleterious substances. Cotton lint penetrates to the lungs where it tends to remain with injurious consequences to the growing child. Wool dust is also very harmful, but child labor in woolen mills has decreased considerably in recent years.

Child labor still persists in the glass mills, particularly in Pennsylvania. Many boys under eighteen and a few under sixteen are employed under conditions prejudicial to good health. Some work close to the furnaces and are subjected to fierce heat, while others run to and fro and are alternately subjected to cold and to warm air. Excessive heat, sudden exposure to cold air, and intermittent drafts combine to undermine the health of the boys.

In certain factories such as candy and confectionery establishments, a number of rooms are heated or cooled to specific temperatures and the child is required to work all day under the handicap of unnatural temperatures. The cool rooms are more unhealthful, since the working girl does not usually exercise the precautions necessary to protect her fully against the cold, and the change from one level of temperature to another is likewise fraught with serious danger to health. Many factories are overheated and the majority of laundries are warmer than the outside air. Although fans, ventilators, and many other cooling devices have been introduced in many establishments, factory conditions are far from healthful for the working child.

The industrial poisons endanger the health of children more easily than that of adults. Boys are often employed in dye-houses or in establishments where dyeing represents an important occupation. Coloring matter is used in the making of artificial flowers—an occupation in which many working girls are engaged. In enameling and paint and varnish shops, lead and other minerals are widely used. In fact lead enters so largely into the manufacture of a great variety of goods that many unhealthful occupations are now distributed throughout industry. In none of these should children under eighteen be employed.

Many occupations require children to assume uncomfortable positions such as constant standing, bending forward, or maintaining a fixed or cramped position. In department stores girls are on their feet eight or more hours per day. A given number of seats may be provided, but woe to the girl who dares avail herself of these facilities! Sedentary occupations lead to tuberculosis, but long hours are still required of girls seated before sewing machines or at tables and counters.

Children who engage in the street trades lead a very irregular life with injurious effects on body and physique. In cities where newspapers are sold early in the morning, boys often begin their work without breakfast. Again they are found on the street in the late afternoon and evening. Such boys are most irregular in their meals and many of them subsist on inferior foods and confections bought and eaten while at work. Night work as found in a number of cities is an additional cause of physical depletion. According to various investigations it appears that among newsboys cardiac disease and orthopedic defects such as flat feet are two or three times as frequent as among public school children in general.¹

The physical effects of industrial home work are similar to the general consequences of life in the insanitary homes in which much of the work is carried on. Nevertheless by toiling away late into the night, children suffer both from sedentary positions

¹ White House Conference, *Child Labor*, p. 158.

and abnormal eye strain. In addition they consume time in this undesirable work that should be spent in rest, play, or recreation.

6. Summary.

Formerly when the lungs of children were turned black in the coal mines, and girls working in the textile mills contracted tuberculosis, the physical consequences of child labor constituted the chief argument against the system. That day is gone because the improvement in working conditions has greatly reduced the physical handicaps that once were so self-evident.

A new era has arrived—the machine age—and child labor has become an anachronism. Economic reorganization can find no place for child labor. Instead children should have time and opportunity for education and for adjustment to the social needs of a civilization that does not even require an eight-hour day of the adult worker. Child labor represents a social lag and can no longer be justified on any grounds. The economic dangers have become so acute that the substitution of children for men and women can only intensify the industrial crisis through which we are passing. Child labor is the ready weapon with which the industrialist can beat down the wages of the adult and force him to liquidate his hopes and independence. Formerly the welfare of the child was the chief, if not the only, reason for the prohibition of child labor. Today the welfare of the child is still an important consideration, but the requisites of social welfare have become paramount. Child labor has become utterly inconsistent with social progress.

QUESTIONS FOR ADDITIONAL STUDY

1. How do the physical consequences of present child labor differ from those of an earlier day?
2. How can we reconcile the dignity of labor with rigid child labor laws?
3. How far has child labor legislation promoted better laws for adults?
4. Why do children fail to return after they have left school?
5. Who will engage in "blind alley" jobs if children are side-tracked from them?

SELECTED REFERENCES

- Gibbons and Tuttle, *School or Work in Indiana*, 1927
Monthly Labor Review, January, 1934, "Accidents to Telegraph Messengers"
- National Child Labor Committee, *Fourteen Is Too Early*, 1927
—, *When Children Are Injured in Industry*, 1933.
- United States Children's Bureau, Publication No 152, *Industrial Accidents to Employed Minors in Wisconsin, Massachusetts, and New Jersey*, 1926.
—, Publication No. 183, *Children in Street Work*, 1928
—, Publication No 198, *Children in Fruit and Vegetable Canneries*, 1930.
—, Publication No 185, *Child Labor in New Jersey—Part 2, Children Engaged in Industrial Home Work*, 1928

Also references for previous chapter.

CHAPTER XX

CHILD LABOR REFORM

If child labor is to be abolished, the problem must be attacked from two different angles: first, constructive work is necessary in order to deal with the factors that are responsible for child labor, second, the evil must be prohibited by law. In practice it has been easier to pass laws than to remove the fundamental causes. The positive side of the problem must, however, receive more attention than formerly. Child labor reformers both in England and in the United States have spent the bulk of their efforts in obtaining legislation, largely because no other way of solving the problem was in evidence. The present industrial situation which makes child labor an unmitigated evil greatly improves the opportunity for a campaign of preventive work.

1. Elimination of Causes.

The causes of child labor may remain long after the social need of the system has disappeared. The avarice of industry still continues, poverty-stricken parents still persist in requiring their children to be gainfully employed; the public still prefers to place the burden of family support on helpless children rather than carry that burden in socially legitimate ways.

a. Improvement of Educational Program.

Compulsory education is not only good child labor legislation; it is also a method of providing the child with the tools that will enable him to live a useful life. The educational curriculum based on precedent is rapidly being transformed into a program for the preparation of the child for social efficiency. At one time literary education was emphasized, at another the ideal of mak-

ing money, but at present increased attention is being given to the problems of community life and the art of living together. Unless the school authorities can interpret the social values of education to parent and child more successfully than heretofore, a large number of children will still cite "dislike for school" as the reason for trying to find a job in some gainful occupation.

Many foreign-born parents do not realize the value and importance of education; many parents, both native and foreign, are not concerned. Educational attainment must become an ambition on the part of the average child. Instead we find that many children consider the hours spent in school either as a dubious form of recreation or as a prolonged variety of punishment. Compulsory attendance is not enough; the desire to attend school must become universal. When the educational program is thoroughly attuned to the needs of life and both parents and children recognize this fact, then the problem of school attendance will have practically vanished.

b. Elimination of Poverty.

We are living today in an economy of abundance when no one need to starve or even live in poverty. Our per capita and per family production is sufficient to make comfortable living possible for all without the addition of the meager sum that may be contributed by working children. In fact, child labor today is not adding to the national income; it merely displaces the labor energy of an adult for that of the child. As soon as a wider utilization of the output of machine production is made, poverty will tend to disappear. With the advent of the various forms of social insurance, particularly of health and unemployment insurance, sudden pressure on family savings will be largely eliminated and new sources of income will not be necessitated. The children of the well-to-do are not found in the gainful occupations. As soon as all rise to a comfort level of living, no children need to be sacrificed to the avarice of industry and the callousness of parents.

c. Public Condemnation of Child Labor.

The public is composed of many different groups, some of which favor, some of which oppose child labor. An educational program which will convert employer, parents, and voters in general to the theory that the social welfare is best conserved by the elimination of child labor must be made permanently successful. The fallacy of the "widowed mother" and "child labor is better than education" arguments is not yet realized by the average citizen. Therefore when desirable amendments to child labor laws are opposed by selfish interests, the public accepts the reasoning of these interests. Such reasoning seldom reveals the real ground for opposition to child labor reform but deceives the people by telling them that work is better for the child than idleness. This is true, but idleness is not the alternative for child labor.

In communities where prosperity apparently depends on the continued success of a single industry, such as coal mining or the textile industry, the entire public has at times been persuaded that child labor was economically desirable. With the collapse of local prosperity and a general leveling of economic conditions throughout the country, employers can no longer deceive the public in this respect. The rising resentment against child labor indicates that the people have somewhat recovered from the supineness of old and are less susceptible to the arguments of those who would exploit children. Nevertheless an increasingly alert public opinion is necessary to secure the enactment of an acceptable child labor code.

2. Child Labor Legislation.

A perfect child labor law is hardly a theoretical possibility, for in a dynamic society no absolute adjustment to conditions can be made. The prevailing standard age limit is arbitrary; so are various other provisions of a child labor law. Legislation must therefore be revised from time to time to meet the new conditions that arise. The recent industrial history of Europe and that of the United States illustrate this fact, for the laws of

today are so radical that they could not even have been considered fifty years ago. Yet few, if any, American child labor laws are really socially adequate at the present time. The increasing complexity of our social relations, the changing requisites for social and industrial survival, and the ethical necessity of adapting ourselves to the needs of the day demand a rapid evolution in appropriate legislation.

a Agencies Supporting Legislation.

The majority of child labor laws have been enacted since 1895. Before that time the principal legislation against the employment of children related to certain dangerous and immoral occupations. In point of time we have lagged far behind Great Britain, but our progress has been more rapid, and some of our states have excellent laws that are far superior to those of Great Britain. The rapid development of industry has accentuated the problem, consequently private organizations have advocated a program of remedial legislation with favorable results. The most efficient societies of this kind have been the child labor committees. The National Child Labor Committee was organized in 1904 and has carried its educational program into every state in which the problem has needed attention. Its work consists of investigating the conditions of child labor, of educating the public through pamphlets, public addresses, etc., and of trying to secure child labor legislation, both state and federal. In many of the states local child labor committees assist the national organization in its untiring fight for better legislation. Much recent progress has been due to the efforts of these private societies.

Desirable legislation has been fostered by other agencies, notably labor unions, women's trade union leagues, consumers' leagues, women's clubs, the League of Women Voters, miscellaneous associations, and state labor bureaus. The National Consumers' League has been an influential agency in obtaining better laws for both women and children. State labor bureaus have in a number of instances drafted bills for presentation to

state legislatures and have had considerable success in securing their passage. Unfortunately they have not always stood for the best and most modern legislation, and therefore the results of their efforts have not been outstanding. Even the manufacturers have in several cases passed resolutions favoring some restrictions on child labor, and have thus imposed higher standards on themselves. It is significant that the cotton mill operators were the first to adopt the N. R. A. code limiting child labor age to sixteen. Although the creation of sentiment and the enactment of satisfactory child labor laws has depended largely on the work of special organizations, since the development of the present industrial situation the problem has assumed political importance, and President Roosevelt has made very considerable efforts to reduce child labor by means of drastic restrictions.

b. Uniformity of Laws.

A serious handicap to adequate legislation in the United States is the right of each state to enact its own child labor laws. As a natural consequence we find a great variety of laws—a condition which enables the employers affected by proposed legislation to threaten to abandon the states in which their establishments are located and to continue business elsewhere. State selfishness and the desire to build up local interests are forces of such magnitude that the state hesitates to enact legislation which may drive capital from within its borders. With free trade among our states, uniform laws are necessary to render industry stable. So far each state has acted independently, hence child labor laws have not been highly effective.

Our states' rights in this respect are very unfortunate. Most European countries are able to legislate for the entire nation, therefore the various sections have very little excuse for opposing proposed legislation. In the United States there is no possibility of uniform laws through separate state action, for no matter how often representatives of the various states may meet and decide upon a standard child labor bill, the states

will each enact a law modified to meet the wishes of the dominating forces in that state. Furthermore, the reform forces will not have exactly the same program in each state. The formulation of a standard bill has, however, tended to unify the efforts of friends of reform and will do much toward securing uniformity in the laws.

c. Federal Legislation

Uniformity can best be secured by a federal amendment applying to the entire United States. A bill introduced into the fifty-ninth Congress provided that interstate commerce in products in the manufacture of which children under fourteen years of age participated should be illegal. Other provisions of the bill related to the employment of children between fourteen and sixteen, the limitation to an eight-hour day, and the prohibition of work after seven o'clock in the evening. The opponents of the law claimed that it was unconstitutional, while its friends defended it on the ground of the right of the federal government to regulate interstate commerce. The bill became a law in 1916 and began to operate the following year. The task of enforcement was delegated to the Children's Bureau which after careful preparation proceeded cooperatively with state officials.

In 1918 the law was declared unconstitutional by a five-to-four decision of the United States Supreme Court. A new effort was then made and a new law passed in 1919 imposing a tax on the profits of mines and manufacturing establishments employing children under conditions similar to those outlawed by the previous legislation. The law was classified as a revenue measure and enforced by the appropriate federal agency. However, enforcement costing \$90,000 netted less than \$3,000 in revenue. In 1922 the Supreme Court also declared this law unconstitutional, thereby ending for the time being efforts in behalf of federal legislation.

The next step consisted of a demand that Congress submit an amendment to the Constitution empowering the federal

government to regulate child labor In 1924 such action was taken and the following amendment proposed:

SECTION 1. The Congress shall have power to limit, regulate, and prohibit the labor of persons under eighteen years of age.

SECTION 2. The power of the several states is unimpaired by this article except that the operation of state laws shall be suspended to the extent necessary to give effect to legislation enacted by the Congress

The first state to ratify the amendment was Arkansas—a state located in a traditional states'-rights area No one doubted that the amendment would be speedily ratified After five states had taken affirmative action, unexpected opposition suddenly developed. The manufacturers' associations and other special interests had combined to defeat the amendment and employed the most unscrupulous and vicious methods that could be devised to accomplish their purpose. Although the amendment had passed in Congress by more than a two-thirds vote, these groups maintained that somehow or other the amendment was born in Russia At that time anything Russian was anathema and therefore prejudice against the amendment began to grow. That leading business men in the country should try by means both fair and foul to defeat a well-considered amendment throws light on the industrial standards that prevailed in this country immediately after 1924. Among the unintelligent claims made was the argument that Congress would immediately apply its power to the limit so that a farmer's son could not even be permitted to milk a cow! That Congress, which represents the will of the people, could not possibly exceed the wishes of its constituents was not considered or, if it was considered, it became necessary to ignore logic in order to bully the public into the belief that federal control of child labor was a dangerous invasion by Moscow of American rights!

For several years the amendment lay thoroughly dormant, but in 1931 it was ratified by Colorado and still later by other states so that by October, 1935, it had received the approval of twenty-four states or two-thirds of the number necessary for final ratification. With the possibility of final success, the friends

of the amendment again find the manufacturers striving to defeat the measure. However, a changed industrial situation makes federal control inevitable.

The National Industrial Recovery Act passed in June, 1933, included a restriction on child labor in certain industries and practically abolished such labor in mining, manufacturing, trade, and transportation. It did not reach industrialized agriculture and failed to give adequate protection to children engaged in the street trades. With the death of this legislation federal control has once more disappeared and an aggravated child labor situation again faces the country. For the moment it is necessary to depend on the states, each in its own way, to save children from industrial exploitation. That they cannot in the long run be successful is too self-evident to require comment.

d. Minimum Requirements.

Several important requisites are fundamental to a standard law. Among these are: first, the law must be clear and distinct in its meaning, so as to permit of but one interpretation, as confusion in this respect is often a ground for non-enforcement; second, it must be enforceable and machinery of enforcement provided for; unless the law can be applied in an expedient manner and properly enforced, its very presence on the statute books may prove harmful, third, the law must conform to the requirements of the social interests which are involved.

Minimum standards for children entering industry have been established from time to time by various groups. The standards prepared by the White House Conference on Child Health and Protection are as follows: ¹

Age Minimum An age minimum of sixteen years for full-time employment, children between fourteen and sixteen permitted to work outside of school hours and in vacation seasons in a carefully restricted list of occupations.

Educational Standard All children, unless incapacitated for attend-

¹ White House Conference, *Child Labor*, pp. 4-6.

ing school, required to do so for the full term until the age of sixteen is reached. School attendance required of all minors under eighteen if not actually and legally employed, unless graduated from a four-year high school.

Minimum Physical Requirements. No child allowed to work unless examined by a physician appointed for this purpose and found to be in good health and physically fit for the job. Periodic physical examination of all working minors under eighteen.

Hours of Work. No minor under eighteen employed more than eight hours per day or forty-four hours per week.

Night Work. Minors under eighteen not to be employed between 7 P.M. and 6 or 7 A.M., except that boys between sixteen and eighteen may be permitted to work until 10 P.M.

Conditions of Work. Young workers prohibited from employment in establishments that do not conform to recognized standards of cleanliness, sanitation, and safety.

Working Papers. Certificates required of all employed minors under eighteen years of age.

Minimum Wage. Laws providing for the determination of minimum wage standards for children and young persons.

Emergency provisions added to the standards given above were accepted at a conference on child labor called by the Children's Bureau in December, 1932.¹ These additions include: suitable provisions for the age group under sixteen who are not able to profit from the ordinary school program; maximum hours for minors shorter than prevailing hours for adults, in no case more than eight per day; eighteen-year minimum for employment in hazardous occupations; double compensation in case of minors under eighteen illegally employed, the employer to be liable for the additional amount; establishment of bureaus of women and children in state departments of labor; registration of business firms with state labor departments, to facilitate inspection.

The minimum standards prepared in 1932 by the National Child Labor Committee add the following items pertaining to child labor in agriculture:² no child employed during school

¹ United States Children's Bureau, *Emergency Child Labor Program*, Release No. 4,883, Dec 10, 1932.

² *Child Labor Facts*, p. 28.

hours when law requires his attendance; compulsory school attendance for a nine-months' school term unless course of study not available; no child under fourteen employed away from home, except children over twelve with their parents for a few hours per day during a short season; no child under sixteen employed away from home more than eight hours per day, and combined hours of school attendance and employment should not exceed eight hours in a single day, no person under eighteen employed in dangerous work; minors employed in agriculture included in workmen's compensation law.

e. State Legislation.

Our state legislation is a miserable piece of patchwork. Each state has its own laws and most of these laws consist of an original law and amendments added from time to time, the laws becoming involved and contradictory, difficult of enforcement, and subject to varying interpretation² by the courts. Among the best child labor laws of the country are those of Ohio, Wisconsin, New York, and Utah.

(1) Age Limits.

A basic standard of sixteen years establishes an ideal toward which industry can work. Age limits have been gradually raised as compulsory education has become more popular. Although age does not determine physical fitness nor educational attainment, it has become a convenient method of appraising the qualifications of a child for gainful employment. Physicians and health experts have agreed that employment under sixteen is ordinarily detrimental to the proper physical growth and development of children, and that the younger children are more subject to occupational disease and industrial accident. Children are prone to be careless and inattentive. In the new age there are many manufacturers who, because they recognize the handicaps to industry that are involved, do not care to employ children under sixteen.

An analysis of the child labor laws of the forty-eight states and the District of Columbia was made in 1935 by the National

Child Labor Committee.¹ According to this analysis, thirty-five states had adopted a fourteen-year limit for children in factorites, mills, and mines; six had a fifteen-year limit, seven fixed the age at sixteen, one allowed the age to remain indefinite. The limit for employment in stores and mercantile establishments was very similar. In one state the age was fixed at twelve; in thirty-seven at fourteen, in four at fifteen; in two at sixteen; in five the age limit was not definitely fixed. These age limits, however, are not absolute and in many of the states certain exceptions are allowed. Usually if the compulsory school attendance law exempts some group, such as children too poor to buy clothing, from actual attendance, these children are allowed to enter some gainful occupation.

Age limits are waived in many states for children who wish to work during the vacation season in stores, trade, and transportation, and in the messenger service. For such children the prevailing age limit is twelve years. The selling and distribution of newspapers and magazines falls into a separate category. Children employed in this connection are subject to an entirely different set of regulations, the details of which will be given later.

(2) Hours of Labor.

A shorter working day for both children and adults has made considerable advance in the United States. After the constitutionality of limiting hours for women was affirmed, legislation regulating such hours was passed in many states. These laws gave additional impetus to more drastic child labor legislation. In 1922, thirty-three states provided for an eight-hour day for work in factories and most of them applied similar restrictions to work in stores and mines. In 1935, the number of states that had adopted this standard was forty-two. The remaining states allowed a longer day, four of them still adhering to a ten-hour limit and several allowing even this to be exceeded. The longest days are in the Southern states, where progress has been retarded. In several states the daily limit is affected by the weekly

¹ Supplement to *Child Labor Facts*.

maximum fixed in the law. For example, New York allows children to work not more than eight hours per day, nor may they exceed forty-four hours per week. Such a rule necessitates a short day on Saturday or a regular work day of less than the maximum of eight

The fear of a Saturday half-holiday is reflected in the fact that out of forty-two states providing for an eight-hour day, thirty-six also fix the week at forty-eight hours and only six states limit the maximum hours at less than this figure. In each of the six states the limit is forty-four hours per week.

According to the standard, work should be prohibited to children after 7 P.M., except in certain occupations in which moral hazards are reduced to a minimum. In 1935, forty-five states fixed the limits within which the day's work of the child had to be done. In New York, for example, where an eight-hour day is allowed in factory work, the hours for children must fall between 8 A.M. and 5 P.M. Children found working outside these hours are considered to be violating the law regardless of the number of hours they were actually working. This type of regulation facilitates enforcement of the law, since it prevents employers from claiming that the child is merely making up time lost during the regular working hours.

Illinois furnishes an example of another method of control. In this state the day's work of eight hours may be done between 7 A.M. and 7 P.M., or during a stretch of twelve hours. When a leeway of several hours is allowed, enforcement of the law becomes more difficult. In spite of the requirement that the schedule of hours be posted, violations of this rule are common. Accordingly factory inspectors find it difficult to detect violations.

(3) Night Work

The dangers of late hours are being so rapidly recognized that all of the states, with one exception, now have some regulation affecting or limiting night work. The most stringent laws are aimed at factory work, but most states also prohibit night work in stores. Frequently, however, children may work

to make up for accidents or lost time, the limit for such hours being eight or nine o'clock.

Child labor laws are weakest in respect to the prohibition of newspaper selling at night. In only a few states does the law deal with this problem, but in a number of states the municipalities are authorized to pass restrictive legislation. Opposition to restrictions also comes from certain canning factories, from cotton mills in several Southern states, and from the theatrical interests.

In thirty states the laws prohibit messenger service work for minors under sixteen after 8 or 10 P.M. and in New York no person under twenty-one may carry messages between the hours of 10 P.M. and 5 A.M.

(4) Educational Standards.

The steps from the school to the mill are seldom retraced and the child therefore gains his later knowledge from the school of experience. Frequently, when it is too late, this is a cause of much regret. The compulsory education laws should be coordinated with the child labor laws in such a way that children must be in school until they may legally be employed. At a time when younger children were allowed to enter industry, a definite educational standard such as a fourth- or fifth-grade requirement was desirable. If no child under sixteen may be employed and an efficient school system is in operation, the fact of school attendance is more important than the actual educational attainment. Children of this age who have regularly attended school should have finished the eighth grade, and, if not, are probably backward or feebleminded. Nevertheless the prevailing method of appraising education is by means of grade attainment.

Figures for 1935 indicate that twenty-three states required children receiving work certificates to have completed the eighth grade, but in several of these states certain exceptions were allowed. In Washington the state law requires the completion of the eighth grade for a child of fourteen unless he cannot profitably pursue further school work, but the child of

fifteen is not required to meet any educational test whatever. In two states the requirements are less than the eighth grade, and in five no definite grade is stated and no educational qualifications are required. Of the remaining twelve states, eight states require children to attend school until sixteen and four states until fifteen, but some of these hold to a definite educational qualification.

In several states in which the compulsory education and the child labor laws are not well articulated, the law provides that children above the compulsory education age but under sixteen shall attend school, if they are not regularly employed. Unless both the working and the school child are supervised by the same authorities, this plan leads to considerable idleness and non-attendance. Often the child obtains an employment certificate but does not work. The attendance officers are busy with younger children and the child with the work certificate spends his time in leisure. In many cities this evil has been corrected.

Owing to the need of further education, working children have in some states been required to attend evening school, but the hardship and strain involved are too serious to make such a plan workable. The continuation school is a superior substitute and enables the child to work and to study with equal efficiency. A typical law is that applying to Missouri cities which provides that working children from fourteen to sixteen if they have completed the eighth grade must attend such schools when established, and all working children under eighteen who have not finished the eighth grade must also attend. Each of these groups is required to attend at least four hours weekly between the hours of 8 A.M. and 5 P.M. throughout the regular school term. The California law applies to minors under eighteen who have not finished a regular four-year high-school course.

(5) Physical Qualifications

No child should be allowed to enter the regular gainful occupations unless and until he can meet the standard physical requirements. If children are not of normal weight, strength,

and stature, a careful medical examination should be made to determine the kind of program necessary to bring about a normal condition. Meanwhile work opportunities should be limited to the physically capable.

The various state laws do not designate standards, but content themselves with the provision that children be physically fit for employment. Gradually the number of states requiring examinations is increasing and in 1935 there were twenty-seven states that made this requirement. In nine others the official granting the work certificate was authorized to ask for a physical examination if he considered the child of doubtful or inferior health and strength. In thirteen states no examinations whatsoever are required. The states are not uniform in the method of requiring a physical examination. In some states the child may go to a private physician and obtain from him a certificate of physical fitness. In other states the examination is made by a physician employed or appointed by the department that grants the work certificate. The second method is, of course, the correct one. Many children who have been known to lack physical capacity for gainful work have nevertheless appeared before the school or labor department armed with a certificate from a family physician attesting to their normal physical condition.

Physical standards may be developed by the local authorities. In many of the large cities the health standards regularly used in the schools are used as a base for computations and, if necessary, deviations are allowed for children of the shorter races. The Children's Bureau adopted the following tentative standard: a child of fourteen should weigh 80 pounds (including clothing) and measure 58 inches in height; for a child of fifteen the relative figures are 85 pounds and 58 inches; for a child of sixteen, 90 pounds and 59 inches. Special work provision should be made for children falling below this standard and no child should be granted a work certificate who does not show definite signs of having arrived at puberty. No child should be allowed to work if he suffers from certain diseases or defects (twelve of

these are enumerated) In the case of certain other defects, certificates should be withheld until the defects are removed. The standard includes the recommendation that provisional certificates be limited to three months in the case of children suffering from and treated for other defects

(6) Employment Certificates.

The purpose of requiring all children between fourteen and sixteen years of age to obtain working papers is to guard against the admission of applicants who are not suitably equipped to begin a career as wage-earners. A permit when granted should contain satisfactory evidence in regard to the age, education, and physical condition of the child, also to assurance of employment. Proof of age should depend largely upon certificates of birth and baptism, supplemented by the records of the school which the applicant has attended. The statement of the parent is not sufficient in itself, as perjury is not uncommon in the localities where only the affidavit of parents is necessary to obtain certificates. Children frequently lie about their ages; for no matter how small the boy or how tiny the girl, on inquiry the interrogator learns that the child is fourteen years of age! In several states the affidavit of the parents is accepted as sufficient evidence of the age of the child.

Several other methods of granting working papers are in operation in the different states. The certificates may be granted by the school authorities, by factory inspectors, by boards of health, or by judges of county, municipal, or juvenile courts. Most of the states which require written proof of the age of the child place the duty of granting certificates in the hands of the school authorities. The very efficient laws of California and Massachusetts make this provision. School records are usually faithful and reliable sources of information, although the direct record of the birth of the child, if that can be procured, is a still safer proof of age.

In several states the factory inspectors were formerly authorized to issue the certificates. In Wisconsin this right has been transferred to the Industrial Commission and to local judges;

in Missouri to the school authorities. Few states now cling to the old method. In a number of states local judges and magistrates are empowered to grant papers, and when this is the case the affidavit of the parent is usually the chief source of information

Sometimes the machinery for granting certificates is still so defective that no practical application of the child labor law can be made. In other states working papers are not needed for employment in stores and mercantile establishments, and in very few states is a badge or certificate required of newsboys.

Much depends on the method used in granting working papers. The application desk is the place where the first sifting occurs, and, if well done, many children will be rejected and required to improve their minds and bodies before they venture into the gainful occupations. The consensus of opinion now favors placing the task upon the board of education. It will do more intensive work and fewer unqualified children will be allowed to receive certificates.

(7) Dangerous and Hazardous Occupations.

Some industries are relatively more dangerous than others, and from these in many states children are excluded by law. No children or minors should be allowed to enter any occupation which is dangerous to life, limb, health, or morals. The moral and physiological plasticity of the child is a source of danger when exposure to bad conditions takes place. Certain trades should therefore be specifically forbidden to all persons below certain definite ages.

Among the most hazardous and dangerous occupations are the following. first, occupations in which dangerous machinery is used; second, occupations which require the use of poisonous acids, paints, colors, or injurious chemicals, such as white lead, phosphorus, and others; third, occupations which place the safety and security of others in the hands of the worker, for example, the operation of passenger elevators or airplanes, and equally important occupations connected with the mining industry; fourth, occupations which are likely to affect the morals

of the worker, such as work which occasions contact with houses of ill fame, and the manufacture of goods produced for immoral purposes, fifth, occupations which are considered unhealthful and which will lead to occupational disease

The age limit for work in these occupations cannot be fixed arbitrarily but must be made to depend on special investigation and subsequent decision by the proper state officials. When the hazard is considerable, no minors should be employed.

In 1935 a total of thirty-eight states had laws prohibiting children under sixteen from engaging in dangerous occupations. Many of these laws, however, are superfluous since children of these ages would not be employed in such occupations even though there were no law. The important consideration is the case of persons over sixteen. In only sixteen states is provision made against the employment of minors over this age in dangerous occupations. In two of these the law merely applies to mines and occupations dangerous to morals. In seven states the hazardous occupations are specified in the law, and in the remainder certain state boards or officials are empowered to designate the occupations to which the law shall apply. Nearly two-thirds of the states ignore the problem entirely.

A blanket law which refers to dangerous and unhealthful occupations without specifying them is worthless. When they are specified in the law, the situation soon becomes unsatisfactory because new dangerous occupations arise from year to year. Legislation cannot be expected to catch up regularly, therefore the English plan instituted in five states permitting officials to pass judgment on these new occupations is the correct one. This procedure is illustrated by Massachusetts which empowers its department of labor and industries to investigate occupations and, if the conditions warrant, declare them dangerous. When affirmative action has been taken, no persons under eighteen may be employed in these occupations.

In New York the state industrial board acts in a similar capacity. Here a special division is authorized to make appropriate studies and investigations. In Missouri formerly the law

applied to children under sixteen and the state factory inspector was authorized to pass on the dangerousness of particular occupations. The highest court of that state declared the law unconstitutional on the ground that legislative powers and functions had been delegated to an executive official. Fortunately courts in other states have not handicapped social progress with similar decisions. Common sense dictates that preventive methods must be applied when they are needed.

(8) Industries Exempted.

Usually child labor laws have not been made to apply to certain occupations or industries among which agriculture, owing to its peculiar healthfulness, is the most conspicuous example. The reasons for this exemption are largely valid, but the industrialized agriculture of the last two decades offers a new problem. The thousands of small children exploited under this system need protection, and therefore methods of prohibiting their employment, particularly while school is in session, should be promoted. No doubt state attendance officers will be needed in certain states in which the local officials lack vigilance in requiring school attendance by migratory children.

Domestic service is usually excluded from the operation of child labor laws. Many girls between fourteen and sixteen are employed as nurse girls, others are required to do menial service under most unwelcome conditions. Frequently the hours are long and the compensation inadequate. Some legal control of this occupation is highly desirable.

The manufacture and shipment of perishable goods is always a serious problem. The most important of these goods are fruits and vegetables ready for canning and preserving, fresh oysters, certain varieties of confectionery, and other products of a similar nature. Many states formerly granted the canning industry specified exemptions from the law, such as the right to employ children longer than the regular work day for a period of four or six weeks during the so-called rush season. In England, it was discovered that regulation of seasonal industries resulted in a remarkable degree of conformity to the limitations

imposed. The long hours and the night work could if necessary be largely eliminated. The gradual standardization of industry in this country also has made a greater degree of regularity possible. The more recent child labor laws have been less liberal with the canning industry than earlier ones. Some have made no provision for its exemption, but others still allow the industry a few special privileges.

In many states laws do not apply to retail stores. In the small towns this exemption does not constitute a problem but in the larger cities it may result in the exploitation of working children. Frequently stores are open evenings, and on certain days such as Saturdays and the days immediately preceding the December holidays the employees of stores may be required to work all day and far into the night. Yet this is precisely the time when children in mercantile establishments are subjected to the most exhausting labor and should be privileged to enjoy shorter hours. "Shop early" campaigns have somewhat reduced the strain on the workers but the problem is still too serious to be ignored.

(9) Street Trades Legislation

Owing to the peculiar nature of the street trades, our state laws have been required to deal with them separately. Newsboys are in some communities considered merchants not employees, but this clever piece of fiction fostered by unprincipled newspapers is not always upheld by the courts. A recent decision by the highest court in California emphatically classified the newsboy as an employee. Street trades legislation has lagged and in 1925 twenty-eight states had not yet enacted any laws on the subject. In six states a ten-year limit was imposed; in fourteen states the limit was fixed at twelve.

The Massachusetts law establishes the minimum age for boys at twelve and for girls in cities of over 50,000 population at eighteen. Badges are required for children under sixteen and work is prohibited for minors under fourteen during school hours and between 8 P.M. and 6 A.M. Children over fourteen may work until 9 P.M. In Boston the law is enforced by the

supervisor of street trades, but in other parts of the state special machinery for enforcement has not been created

In New York badges are required for boys between twelve and seventeen and no boys under seventeen may work between the hours of 7 P M and 6 A M In cities of more than 20,000 the school authorities also have the power to regulate further the street trade activities of boys under eighteen The enforcement of the state law rests with the police and the attendance officers. In case the parents are culpable they may be punished for contributing to the delinquency of their children.

In Missouri the sale and distribution of newspapers are specifically exempted from the operation of the child labor law, but the juvenile court law contains a provision which designates a child under ten who sells newspapers as a neglected child and the state therefore indirectly regulates one branch of the street trades

In the absence of state law, the street trades in a number of cities are regulated by municipal ordinance or special order, for example, in St Louis girls under sixteen are prohibited by police order from selling newspapers on the streets.

(10) Minimum Wages.

The need of protecting child laborers by means of a system of minimum wage laws is being increasingly recognized Children have no bargaining power, and are peculiarly at the mercy of their employers Furthermore low wages paid to children inevitably force low wages on adults. In 1912, Massachusetts enacted a minimum wage law and in the years immediately following twelve other states and the District of Columbia passed similar legislation The first law, however, granted advisory powers only, while the remaining laws made the decisions of minimum wage boards mandatory. The District of Columbia law was declared unconstitutional, the judge in the lower federal court giving expression to a peculiar doctrine as follows: "It is to be remembered that of the three fundamental principles which underlie government—the protection of life, liberty, and property—the chief of these is property. . ."

However, as far as the control of the wages of minors is concerned, minimum wage laws are generally pronounced to be constitutional

During the industrial depression the movement to establish reasonable wage rates again became popular, and in 1935 fifteen states had minimum wage laws. The enforcement of the laws still remains a problem in most of these states, but no doubt is left as to the ultimate goal of child labor legislation of this kind.

3. Enforcement of Child Labor Laws.

The enforcement of child labor laws is generally entrusted to agencies such as the following: state industrial commissions, departments of labor, bureaus of factory inspection, police, departments of health, and boards of education. Formerly labor and factory laws were handled and enforced by a variety of state agencies, but the centralization of the state work in a single department has greatly increased the efficiency of factory inspection and of law enforcement. In Massachusetts the work is correlated under the direction of a state department of labor and industries. In New York, Pennsylvania, and Wisconsin similar forms of organization are in effect. In some of the smaller towns and communities, however, enforcement may still rest with local authorities, but here the problem is not usually acute and non-enforcement does little harm.

Few if any of the states make provision for an adequate force of inspectors. All factories and workshops should be visited at least twice a year and some of them, because of their attitude toward child labor, much more frequently. In some states several years elapse before the inspector returns for a second visit. Many children under age at the time of the first visit therefore no longer violate the law!

Efficient inspection depends in part upon the good faith and ideals of the chief factory inspector, and the energy with which violations of the law are prosecuted. Such prosecutions must become deterrent influences. In those states in which the cost to the employer of a violation has been casual, efficient enforce-

ment has been difficult or impossible. Frequently the employer has reduced his policy to a financial basis. Having discovered that he can violate law for a certain time at a very moderate cost and that the advantage to him is greater than the cost in fines, he defies the factory inspectors and refuses to obey the law. In some cases cooperation between the employer and the factory inspectors results in a better enforcement of the law, but in others connivance between them avoids prosecution for the illegal employment of children. The courts also are a considerable factor, since in some localities it is almost impossible to persuade the judge that violations should be punished. Unsocial courts and judges are a great handicap to the enforcement of factory laws.

Competent officials selected through civil service examinations are badly needed, and lack of such officials has been a severe setback to real progress. The chief offices are usually political plums, and frequently the men appointed know as much about their duties as they do of domestic science! Factory inspection must be rescued from partisan politics and placed on a merit basis, but good officials cannot be procured unless an adequate salary is paid for their services and a professional career is opened to them as is the case in some of the European countries. Competent men cannot afford to accept poorly paid and uncertain positions.

QUESTIONS FOR ADDITIONAL STUDY

1. Compare the child labor law of your state with the standard.
2. Why is it difficult to set a physical standard?
3. Should normal children be permitted to work in full-time occupations before finishing the elementary grades?
4. How can better street trade legislation be secured?
5. Are there any legitimate arguments against the Federal Child Labor Amendment?

SELECTED REFERENCES

- American Labor Legislation Review* (bi-monthly magazine).
Callcott, Mary S., *Principles of Social Legislation*, 1932.
Commons and Andrews, *Principles of Labor Legislation*, 1926.

- Mangold, Edith P., *Children in Industry*, 1934
Monthly Labor Review (occasional articles).
National Child Labor Committee, *Child Labor Facts*, section on Child Labor Legislation, 1935
—, *Minimum Standards for the Employment of Children*, 1935.
National League of Women Voters, *The Children's Amendment*, 1927.
United States Children's Bureau, Publication No. 78, *Administration of the First Federal Child Labor Law*, 1921
—, Publication No. 79, *Physical Standards for Working Children*, 1926
—, Publication No 197, *Child Labor—Facts and Figures*, 1933
United States Office of Education, *State Compulsory School Attendance Standards Affecting the Employment of Minors*, 1934, prepared by United States Children's Bureau
White House Conference, *Child Labor and Vocational Guidance*, 1932.

CHAPTER XXI

VOCATIONAL GUIDANCE AND TRAINING

1. The Adaptation of Education.

The purpose of education should be to fit the child for life. He must be taught to adapt himself to the conditions of his environment, to enjoy the higher pleasures, and to take his rightful place in society. It is obvious at once that no school can give the child a complete education, and that this is obtained slowly, if at all, through the lessons learned through activity in the world as well as through those taught in the classroom. The predominant interests of society vary from time to time, therefore the most important elements in education will also vary. Literary education formerly received a very proper emphasis and it is still a most necessary form of training preparatory to successful citizenship. It is generally admitted, however, that literary education alone is inadequate to meet modern needs. Since the vast majority of individuals become manual workers, it is essential to train both hand and brain in addition to guiding students into the kind of hand and brain work for which they are best fitted.

A conspicuous tragedy of the last thirty years has been the constant dropping out of school of children who were so practical-minded that they lost interest in the school curriculum. They believed that they were wasting their time and sought instead to enter industry at a point where the doors were open. Many, however, merely became truants and finally delinquents, but others succeeded in finding work. A very small percentage of children have been able unassisted to discover positions that gradually led to skilled and worth-while occupations. For the great majority the opposite has been true, and as a consequence many of these have flitted from one position to another in the

vain hope of finding a job that held promise of reward and financial security. In an endeavor to meet these needs, programs of vocational guidance and industrial education have been instituted.

Soon after 1900 many American educators became greatly concerned over the fact that in this country trade schools were practically non-existent. In Germany industrial education had reached a high level of popularity and efficiency. Why should not we institute trade training also and make our school children ready for effective careers in trade and industry? In a few years in many cities, both public and private or philanthropic trade schools were established and a definite movement toward trade training was in evidence. Recent industrial and technological changes have dampened the ardor of trade school supporters and have given rise to emphasis on vocational guidance as a first step in the program of occupational adjustment.

The German tradesman actually engaged in a trade, but in the United States mechanical invention has proceeded so rapidly that trades have steadily been disintegrating into a bundle of skilled processes. Formerly the village cobbler made a pair of shoes or boots. Today in a large shoe establishment twenty or thirty workers together make a shoe but none of them separately can make one. The same situation holds in most of the leading industries of the country. Division of labor has proceeded so far that the average individual cannot hope to enter a trade in manufacturing industry. However, a large number of clerical and commercial positions and independent occupations still remain. For all of these positions training is necessary, but not the variety or type of training that was prevalent a decade ago. In practically all lines of economic endeavor machinery may be expected either to displace human labor or to simplify the occupation for the worker so that comparatively few trades will remain. The need then is not a return to the older conception of trade training but such vocational guidance and training as our revolutionized industrial conditions require.

2. Vocational Guidance.

The following statement, "Vocational guidance should be a continuous process designed to help the individual to choose, to plan his preparation for, to enter upon, and to make progress in an occupation," with its implications, explains the field which the work must cover ¹ In an effort to direct unguided children, a group of men in 1908 established the Boston Vocation Bureau. This organization did much pioneer work in preparing and publishing pamphlets on particular occupations, advising individuals, acting as a bureau of information, and in developing a plan of cooperation between the schools and industrial occupations In 1910 through its efforts the school board appointed a number of teachers to act as vocational counselors, and in 1913 a department was established to carry on the work.

a. Program of Vocational Guidance.

The ideal vocational guidance program recommended in the report of the Commission on Reorganization of Secondary Education is as follows.²

- (1) Survey of the world's work
- (2) Studying and testing pupils' possibilities
- (3) Guidance in choice and rechoice of vocation
- (4) Guidance with reference to preparation for vocation
- (5) Guidance in entering upon work, that is, "placement"
- (6) Guidance in employment, that is, "employment supervision"
- (7) Progressive modification of school practices
- (8) Progressive modification of economic conditions

The White House Conference has classified the principles under the following heads: study of the individual, study of the occupation; counseling; individual counseling, placement; employment certification, follow-up, research ³

The first step in the program is the acquisition of sufficient

¹ United States Bureau of Education, 1918, Bulletin 19

² *Ibid*, p 16

³ White House Conference, *Vocational Guidance*, pp 6-12

knowledge relating to occupations, their opportunities, wages, and other conditions by the teachers and counselors to enable them to deal intelligently with their classes and the individuals to whom counsel is given. For this reason the leaders should be trained in psychology, economics, and sociology and have made practical contacts with various departments of the business world.

Actual guidance starts with the individual, who needs to be thoroughly analyzed from both the educational and the psychological viewpoints. The school should possess a complete record of his progress and achievements and should also be familiar with his personal traits. A knowledge of past record and present attitudes then makes possible a fairly accurate prediction of his future success in the fields for which he seems to be adapted.

With the growing success of compulsory education, so large a proportion of the school children finish the eighth grade that the vocational counselor should begin his work with the ninth grade. If a junior high school is in operation, the child should be given vocational guidance as he is about to graduate and enter the senior high school. If a four-year high school follows the elementary grades, then the first year of high school is the proper time to put the vocational guidance program in operation. Children who drop out of school before reaching this grade should, on the other hand, receive such aid as the junior placement department of the schools or employment offices can give.

A program of guidance necessitates the study by the child of various occupations and avenues of employment. Occupational studies published in pamphlet form have been prepared by a great variety of educational agencies. As a consequence it is possible for the child to find materials on nearly every known occupation, trade, or profession. Classes in occupations should study materials of this type, should visit typical commercial and industrial establishments, and should discuss the problems and conditions of work connected with various occupations. Such classes should be conducted in the ninth grade, with sup-

plementary class work a year or two later. Instruction of a similar character should also be given in connection with the continuation and evening-class program

Counseling may be attempted by means of group or individual conferences. In view of the fact that the counselor needs to obtain and utilize much information relative to each individual advised, it appears that group conferences cannot prove very successful. One reason for their persistence is the small number of counselors compared with the large number of children of counseling age. Furthermore the program of counseling for each individual should consist of a process, not a peremptory recommendation. It is not possible at one sitting to come to satisfactory conclusions in respect to one's life work. The writer remembers when his son came home from school one evening and told his parents that by morning he must choose his future vocation! Ill-considered counseling methods have interfered with the success that wise counseling makes possible. Pending the employment of sufficient counselors, group conferences must suffice, but mass treatment of pupils anxious to make a wise choice for their future life work can never prove quite satisfactory.

b Progress of Guidance Movement

After the beginning of vocational guidance in Boston, other cities experimented with the problem. In 1913 at a meeting attended by representatives from a number of large cities, a distinct impetus was given to the vocational guidance movement. By 1916, 146 cities and towns were undertaking some form of guidance work.¹ The movement has steadily gained ground, so that practically every large city now conducts a guidance program in its junior or senior high schools. The White House Conference reported that returns from 150 cities interrogated showed that 99, or two-thirds, of the cities engaged in a counseling program.² Out of thirty-six metropolitan cities,

¹ *Social Work Year Book*, 1929, p. 474

² White House Conference, *Vocational Guidance*, pp. 45-47

all but two employed vocational counselors, but among the smaller communities the situation was not so satisfactory. The number of counselors varied from city to city, indicating that but little standardization of plans and programs had as yet been achieved. Among the large cities the proportion of counselors varied from one per 700 pupils of counseling age to one per 35,000. The recommended proportion is one counselor for every group of 500 pupils of appropriate age and educational advancement.

A study made in 1932-33 by the Office of Education covered 1,111 high schools out of a total of 22,237 in the country. The attendance at these schools was 1,138,939 and therefore included more than a representative number of the large high schools in the United States. The study revealed the following facts in respect to the teaching of occupational information: ¹

TYPE OF HIGH SCHOOL	NUMBER	PERCENTAGE GIVING INFORMATION
Four-year	460	64.5
Junior-Senior	200	75.5
Junior	282	87.2
Senior	169	42.6

Recognizing the need of special training for the work of counselor, Harvard University in the summer of 1910 gave the first course in vocational guidance. Since then many universities have not only introduced a variety of courses dealing with the problem but several are now giving advanced degrees in the subject. In 1932, 125 institutions in thirty-seven states gave courses in vocational guidance. Some of these courses, however, were single short courses given in summer schools.

c. Placement and Supervision.

Finding jobs for children who are leaving school has become in many American cities a function of boards of education. This work may be conducted by the continuation schools, by

¹ Office of Education, *Courses in Occupational Information*, Bulletin 1934, No. 11, p. 5

the various schools independently, or by a special department, as, for example, in Los Angeles where the Junior Employment Office is entrusted with the task. The office staff makes contacts with employers and tries to find suitable positions for the applicants, it obtains from the vocational counselors information with respect to the qualifications of different applicants and then attempts to place the right worker in the right job. Placements are followed up within a few weeks to learn whether the worker is successful or needs further aid and guidance. Junior employment service should be closely connected with the granting of work certificates and should also cooperate closely with the public employment service.

Vocational guidance of handicapped children represents an important feature of an adequate guidance program. At present great difficulties attach themselves to this task because it is not even possible to find positions for normal applicants for work. However, in the long run occupations must be found which can be successfully carried on by individuals suffering from different handicaps.

The vocational guidance departments of the schools should make their program universal, applying it to every pupil who is employable. Placement of the handicapped often requires much time and special effort, but is justified as an essential measure of preventive philanthropy.

3. Vocational Education.

As far as possible every child should make ample preparation for his chosen vocation. One of the greatest obstacles to successful preparation is the indecision of the child and of his parents. At a stage in their educational career when they should be shaping their course of study, most children have no definite plans for their life work. Consequently they drift aimlessly through the elementary and most of their secondary school education. Until a more refreshing attitude toward labor becomes popular, we must expect a considerable proportion of school children to neglect or refuse to take vocational training.

in the high schools. The desire to obtain white-collar jobs has obsessed thousands, if not millions, and has interfered with the justifiable popularity of industrial education. In the future the great majority of all occupations will remain manual in character and the bulk of our gainful workers cannot expect to find jobs in other fields. If they do have such expectations, they can only meet disappointment. The remedy lies not in change of type of occupation but in the increased dignity and wage rate that should attach to those occupations.

a Development of Vocational Education.

Trade education began with the apprenticeship system. This is now nearly obsolete and modern conditions will not suffer its revival. The system has been most common in railroad shops and in the larger tool manufacturing plants. The highly specialized operations of modern machine production, however, do not require a large number of trained mechanics but rather a great many skilled workmen. Furthermore the employer is less interested in the apprentice than in returns to his corporation.

The first modern trade school in the United States was the New York Trade School—a philanthropic endeavor established in 1881. Later on a number of additional private schools were founded, chief among which were the Williamson Trade School near Philadelphia and the Ranken Trade School in St. Louis. Commercial schools or colleges, established as profit-making institutions, began soon after the Civil War and have continued to grow and to multiply, but industrial education through the public schools was slow in making a beginning. Massachusetts in 1907 enacted a law empowering local school boards to introduce vocational education but the law was repeatedly amended. Finally in 1915 the State Board of Education was authorized to maintain existing trade schools and establish and maintain others. Wisconsin, also in 1907, made provision for the establishment of trade schools, and New York and New Jersey followed with similar laws a few years later. Special trade schools therefore arose and blazed the way for a public system of vocational

education, limited largely to industrial work such as carpentry, plumbing, gas-fitting, pattern-making, woodwork, and mechanics

The German trade school program was of a different character. It insisted on a certain amount of vocational education for every child engaged in a position that ripened into a vocation. A school of this type in this country we know as a continuation school. Ohio in 1910 enacted legislation providing for such schools. Wisconsin followed in 1911 and several other states soon fell into line, but the majority of states, as was indicated in a previous chapter, have not yet established the continuation school system.

b Federal Aid.

Gradually the program of industrial education widened to include the concept of vocational education, which embraces industrial, agricultural, and commercial education as well as home economics. In 1917 the impetus to the newer plan was given by the enactment of the federal vocational or Smith-Hughes Act. Under the provisions of this law federal aid is extended to all states that meet the conditions imposed on them in respect to vocational education. Federal appropriations are made to any state that provides in its plan for trade, home economics, industrial, and agricultural education under public control and supervision, provided such education fits individuals for employment, is below college grade, and is designed to meet the needs of persons over fourteen years of age.

Aid is also given for the establishment of part-time schools or classes for persons over fourteen years of age who have entered upon employment, and the subjects taught in the part-time schools may mean any subject intended to enlarge the civic or vocational intelligence of workers over fourteen and under eighteen years of age. It is furthermore provided that these schools give not less than 144 hours of classroom instruction per year. Translated into practice this provision means continuation school classes four hours per week for a period of

nine months or thirty-six weeks. Provision is made for a third type of school—the evening industrial school—which must fix the minimum entrance requirement at sixteen years of age and must confine instruction to subject-matter that is supplemental to the daily employment of the students.¹

The Smith-Hughes Act has given us the American pattern of vocational education. Shortly after its enactment every state accepted its provisions and all have been operating with the aid of the federal appropriations ever since. The varieties of work carried out under the law are courses in agricultural education, not only in high schools in the rural and semi-rural communities but in many large city high schools as well, vocational education broad in its scope as part of the elective courses in high schools throughout the country; continuation schools and classes in approximately one-half of the states, evening schools where employed minors are taught, these schools being largely confined to large cities.

Congress in 1934 passed the "George-Elzey" Act designed to provide for the further development of vocational education throughout the country. The law states that one-third of the appropriations shall be used for agricultural education, one-third for education in home economics, and one-third for trade and industrial education. The total appropriations allotted to the states in 1935 were \$3,000,000; those under the Smith-Hughes Act aggregated \$7,167,000, or more than \$10,000,000 given directly by the federal government to assist the states in vocational education work. Adding the sums contributed by the states and local school boards, a total of more than \$25,000,000 is expended yearly under public auspices for vocational education throughout the country.

c. Organization of Vocational Education.

Vocational education of a technical type is not given in our public schools before the eighth grade and not usually then.

¹ Office of Education, "Federal Cooperation in Agricultural Extension Work," *Vocational Education and Vocational Rehabilitation Bulletin*, 1933, No. 15, pp. 263-284.

Ordinarily it is reserved for the high schools or for special vocational schools. In the junior high schools which usually comprise the seventh, eighth, and ninth grades, many courses in manual arts are provided. To some extent these courses consist of exploratory experiences on the part of the pupils who learn their own aptitudes and desires through such experiences. Some of the children will be attracted, others repelled, and therefore before it is too late they can reorganize their high-school course according to the objectives and vocational inclinations which they may have developed. The chief activities in these schools include woodwork, metal work, electricity, machine-shop practice, printing, automobile repairing, cement work, and wood finishing.

In the senior or the four-year high school, specific industrial education may be given. In many such schools the student has an opportunity to elect any one of a number of curricula, such as the academic, commercial, home-making, agricultural, or industrial. Each of these comprehensive courses covers a period of approximately two years of specialization, so that it is inconvenient to attempt to change from one curriculum to another. The last two years must be spent on the subjects included in the course of study worked out for the specific curriculum; otherwise time is lost and additional subjects must be carried.

In many cities the senior high school does not provide complete training in vocations or in commercial and industrial arts. A special trade school is therefore operated with a specialist in vocational education at its head. Such a school usually does not provide a curriculum allied to that of the high school proper, and graduation from the former is not considered equivalent to graduation from the high school. The industrial training given is, on the other hand, usually superior to that provided by the regular high school. It brings together the students who are genuinely interested in industrial training and thus makes intelligent and effective work possible. In the smaller towns the special trade school is too costly an undertaking to justify the attempt.

The goal of education in home economics may be cultural or vocational. When it is taught for cultural purposes, simple beginnings in the teaching of sewing and cooking are made in the elementary grades and these are followed in the junior high school with instruction in problems of food, clothing, shelter, and home management. In the senior high schools education in home economics frequently assumes a pre-vocational character and the subjects carried articulate into the courses provided later in colleges and universities. A high-school course in home economics is not sufficiently advanced to complete the vocational education of the student.

Instruction in commercial subjects is becoming increasingly popular. Stenography, bookkeeping, salesmanship, typewriting, and similar subjects are usually handled in the last two years of secondary education courses. In many cities arrangements are made with mercantile establishments for practice work in salesmanship while the theory is taught in the schools. In order to meet the needs of young employees, evening classes in commercial subjects are conducted in practically all large cities, and in many communities such classes are also made a part of the curriculum of the continuation school.

A complex system of business and commercial schools or "colleges" has grown up in this country. In 1930 approximately 1,350 such institutions were in operation. They are practically without regulation or control. Their charges are uniformly high and their standards quite as uniformly low. Although they have served a past need, public philanthropic enterprise should now be substituted so as to make the so-called business college unnecessary. Schools operated for profit cannot be animated by the highest ideals and therefore they frequently graduate students utterly unequipped for their chosen vocation. Often the term of instruction is too short and generally the required literary training is too inadequate. Education cannot be commercialized, but must be made a function of government.

d. Demand for Vocational Education.

The number of children enrolled in vocational courses throughout the country can now be stated approximately. Since the passage of the Smith-Hughes Act a tremendous increase has occurred. In 1918 the enrollment was 164,123 and by 1926 it had risen to 752,150. In 1933 it totaled 1,149,000 but 118,000 of this number were being trained outside the federal-state system. The highest figure was reached in 1932 when the enrollment for the different types of vocational instruction was as follows:¹

TYPE OF CLASS	NUMBER
Evening classes	400,905
Part-time trade extension	95,044
Continuation	271,503
All day	397,520
Day unity	11,190
Total	1,176,192

In 1932 slightly more than 257,000 persons were enrolled in agricultural education; 579,000 in trade and industry; 333,000 in home economics. In 1930 the figure for trade and industry was 633,000 but after this date the industrial depression became so severe that each following year the number showed a slight decline. It is estimated that about 400,000 of the entire number were adults; 367,000 were working minors; 409,000 were boys and girls in full-time schools. In spite of these gains the picture is not complete without a comparison with the total population fourteen to seventeen years of age. In 1930 the number was 9,341,000, of which 6,825,000 were in school. The proportion of this vast army enrolled for vocational education work is apparently a small percentage of the total school population. A tremendous increase is still possible before the saturation point is reached.

A serious handicap to vocational guidance is the limited

¹ Federal Board of Vocational Education, *Annual Report*, 1932, p. 3

knowledge of the teacher. It is impossible to become thoroughly acquainted with the entire array of occupational opportunities, and therefore many pupils must make certain discoveries without aid or guidance.

Again the analysis of the individual by the counselor cannot achieve that degree of perfection which justifies him in imposing his impressions on the student. At best the counsel is advisory. A wide degree of personal freedom is essential, else the child reacts unfavorably to the training prescribed for him.

Vocational training should be given by instructors prepared in the subjects which they are asked to handle, and the present over-emphasis on academic degrees seriously impairs the efficiency of the instruction. The artificiality of hothouse nurture should be abandoned in favor of the genuine mastery of a subject by the teacher, even though academic status be occasionally sacrificed.

Another difficulty which teachers face is the rapid change in methods of conducting an occupation. No sooner has the pupil learned his lesson than he discovers that a new program must be substituted. As a consequence it is extremely necessary for instructors to keep in close touch with all occupational developments.

On the other hand the greatest triumph of the new program is the substitution of the word "vocational" for "trade." As a result the difference between the industrial and the white-collar positions tends to be overlooked and trade becomes respectable. Until this distinction can be substantially minimized, large numbers of students will deliberately become misfits and economic failures.

The extension of vocational training will also result in a comparatively speedy discovery of the limits of the need. Without doubt expansion can proceed justifiably for a considerable time, but the fact remains that an increasing proportion of the jobs available for men and women require skill and the use of intelligence rather than extended previous training in technique and method. In other words, there is a point beyond which the

struggle must concern itself less with vocational training than with the economic and industrial reorganization of our system of production and distribution. To do nothing but screw nuts on bolts all day long does not require vocational education. It does call for shorter hours, adequate wages, and an appreciation of its essentiality in the general ensemble of business operations. Vocational education is a boon to millions, but its ideal is definitely individualistic. It cannot relieve depression but must await the larger movement that will subordinate the productive processes to the welfare of society.

QUESTIONS FOR ADDITIONAL STUDY

- 1 What is the chief handicap to vocational work in the schools?
- 2 What are the best arguments against long-course trade schools?
3. Make a study of several commercial schools
4. How can teachers be better prepared for vocational work?
- 5 Can pupils do practice work in industry?
6. How does such a system differ from continuation school work?

SELECTED REFERENCES

- Federal Board for Vocational Education, Bulletin No 148, 1930, *Vocational Guidance in Rehabilitation Service*
—, Bulletin No 159, 1931, *Vocational Training and Unemployment*.
Jones, A J, *Principles of Guidance*, 1930
Koos, L. V, and Kefauver, G N, *Guidance in Secondary Schools*, 1932
National Vocational Guidance Association, *Bulletins*
United States Children's Bureau, Publication No 210, *Employment of Mentally Deficient Boys and Girls*, 1932.
University of Minnesota, Employment Stabilization Research Institute, *Bulletins*.
Vocational Guidance Magazine.
White House Conference, *Special Education, The Handicapped and the Gifted*, 1931.
—, *The Handicapped*, 1933, section on "Vocational Adjustment."
—, *Vocational Guidance*, 1932.

PART V

JUVENILE DELINQUENCY

CHAPTER XXII

CAUSES AND NATURE OF JUVENILE DELINQUENCY

1. Evolution of the Juvenile Delinquent.

The juvenile delinquent appeared with the juvenile court. Throughout the nineteenth century children were given the same treatment as adults. Hundreds of little children were thrown into jail in company with vile adult criminals. In England children were even sentenced to death for offenses that now merely merit probationary care for the offender. In 1833 a boy of nine was sentenced to capital punishment for stealing a little paint. The judge fortunately had the good sense to prevent the penalty from actually being inflicted. The court trial in Philadelphia of a little girl of eight shocked many people into a new way of thinking.

Violation of law was handled in this country according to the classical theory of crime. Every person, regardless of age, was considered fully responsible morally and legally for the offense he had committed. For every offense a definite penalty was imposed, the penalties varying in intensity with the supposed heinousness of the crime. The individual was punished not on the basis of his criminal tendencies but according to the quality of the crime he had committed. At first no distinction was made between persons who committed similar offenses, but later extenuating circumstances were given legal recognition. The child, it was argued, had as keen a sense of right and wrong as the adult and therefore should be punished just as severely. This atrocious doctrine has been entirely overthrown by modern child psychology, and in its stead has come the theory that children are largely the product or ensemble of all of their surrounding influences and experiences clustered about a slender ego or self. So long as they are plastic in body and in mind, so

long responsibility for their conduct is correlated with mental immaturity

In the earlier statutes providing for a juvenile court the word 'delinquent' was usually defined somewhat carefully and made to include a great variety of specific acts. Many forms of conduct which would be entirely overlooked in the case of adults were specified as delinquencies; for example, visiting saloons, the use of vile and obscene language, wandering aimlessly about the street at night, and association with immoral persons. In addition, delinquency always included the violation of local or state law. The more progressive states in the revision of their juvenile court laws have greatly extended the jurisdiction of the court, in order that the distinction between the law violator and the child who is simply in need of protection may be partly, if not largely, obliterated. The juvenile delinquent has become an individual who is not necessarily guilty of some particular offense but who has developed an anti-social attitude or characteristics of behavior that will if not checked lead inevitably to conduct that the public cannot tolerate.

The White House Conference has defined delinquency as "any such juvenile misconduct as might be dealt with under the law." This rather loose definition by a group of experts has the merits of elasticity, but gives no indication of the direction in which society is traveling. It makes delinquency a legal rather than a social concept; whereas the very essence of delinquency is behavior or conduct of such a character that the individual becomes a social misfit. At first the age limit below which a child might be adjudged a juvenile delinquent was sixteen years, but gradually this limit has been increased in many states. In 1932 in part or all of twenty-nine states the age limit for girls was fixed at eighteen and in twenty-three the same standard was set for boys. In two states—Michigan and California—individuals under the age of twenty-one may under certain conditions be made wards of the juvenile court.

2. Conditions Underlying Juvenile Delinquency.

According to the new view, the explanation of delinquency is complicated by the variety of socio-psychological factors that together are responsible for individual behavior. In no case does a single factor account for the conduct of a child. Delinquency is a process, not an isolated act. A number of factors have been sufficiently well distinguished to justify separate consideration of each.

a. Physical and Social Age.

The child begins with few, if any, fixed behavior traits. Certain physical reactions are essential to survival and these are distinctly subcultural. Beyond these the child is a bundle of potentialities. He is self-centered and considers his own interests first, but soon learns the limitations of his personal wishes or desires. Very shortly the child learns that he is living in a group and reacts to it according to the basic hungers that have developed within him. Influencing his conduct are the emotional reactions on which he feeds or from which he has suffered. Accordingly patterns of behavior gradually take form, only to be modified from time to time by the frustration of wishes, by repressions, by fixations, and other reactions that the individual may experience.

The first eight or ten years of the life of the child are spent in close touch with his parents. The psychological background is comparatively limited and it is then that home and parents yield their greatest influence. Through imitativeness or resentment against parental conduct the child's personality is shaped or transformed. Whatever be the source of influence, these years are the most important ones in shaping the general outlines of habit and attitudes toward life. Many thinkers of the day believe that the task is practically completed when a child has passed this age, but others recognize the imprints of later influences in the changing attitudes of many adolescent children.

Shortly before the age of puberty the child tends to become gregarious and is impressed with the attitudes and personality

traits of his many associates. The subcultural responses characteristic of his previous years are overlaid with a measured knowledge of cause and effect. He still lacks in prudence and foresight but begins to sense the necessity of associated activity on a basis acceptable to others. At this age the child is full of questions, he tends to develop a religious bias, and recognizes the value of truthfulness. He has already received sex impressions and perhaps sex education, but maintains a pre-pubertal attitude.

The child between twelve and seventeen years of age witnesses the culmination of profound physiological and psychological changes due to the arrival of puberty and to the pain and pleasure reactions that accompany it. For the adolescent, sex takes on a new meaning and boys and girls begin to attract each other. Abnormal sex habits are easily stimulated, leading in many cases to proscribed sex conduct. In adolescence the religious impulse is at its greatest height—a fact that has been well demonstrated by Starbuck and others in their studies of the age incidence of religious conversions and related forms of emotionalism. That this psychical and emotional energy has a tremendous meaning for the future of a boy or girl must be clearly apparent. It may lead to incorrigibility but, on the other hand, may infix in the child more firmly the behavior traits begun in previous years. Rapid growth, excessive tallness, and other physical conditions thwart or accelerate normal thinking and acting.

b. Changing Social Conditions.

New social conditions make individual acts harmless in themselves a menace to society. The red-blooded boy must find expression in activity, in excitement, in thrills. The numerous contacts made today require a limitation of individual activity which in the rural districts or in a sparsely populated community would be unnecessary. No one but its occupants are injured when an automobile rushes pell-mell over an otherwise deserted road. In practice, however, careless driving is exactly the type

of menace that must be prohibited and its agent punished. Playing ball is not inherently a punishable offense, or even any offense, but to play ball in the streets and thereby endanger the safety of others is anti-social conduct and cannot be allowed.

Many boys have been brought into the juvenile court for no other offense than playing ball on the streets. Bonfires are a delight. Few boys can restrain themselves at the sight of any fire, and an even greater thrill accompanies their participation in a bonfire scene. The child in the home or at school enjoys certain recreations, but when he attempts to enjoy them under other auspices his conduct becomes anti-social. The Philadelphia girl of eight who set fire to a house did so not to commit a deliberate wrong but to see the fire and the huge fire engines! Formerly a bountiful expression of human energy in every direction hardly interfered with the rights of others. Human nature has not changed and individuals still desire to give expression to their pent-up energies and emotions, but to do so under certain modern conditions brings them into conflict with the interests of others. Therefore new laws and new ordinances are enacted each year, and this must continue to be so as constantly changing conditions make protection for the average citizen necessary. Unintelligent critics prate about the multitude of laws passed by each succeeding legislature, but they do not favor a return to the conditions that would make such laws unnecessary.

c. Parental Inadequacy.

The force of social heredity, comprising the ideals, temperament, emotionalism, teaching, discipline, order, personal habits, and superstition of the parents, overpowers the child by its almost irresistible prestige. Profane parents have profane children. If the father lies, the son will not be truthful. If the mother is unfaithful, how can we expect the daughter to be so? Parents who are irreligious will find their children scoff at religion. Slovenly parents raise careless children.

Parent-child relationships are the most inevitable contacts of humankind. In early life they are the one constant factor in

the environment of the child. If the parents are unable to handle effectively the problems that their children face, they open the way for much juvenile delinquency. There are indeed "nineteen ways of being a bad parent" as Dr. Miriam Van Waters has so aptly written.

A recent development in the home, especially the native American home, is the lessening of parental control. We are not ready for that principle of self-control which allows the child to decide according to his own likes and dislikes, to obey or disobey as he chooses, to work out his behavior patterns on the basis of his own personal experiences. The brutal corporal punishment of old has given way in many cases to soft effeminate indulgence by parents of the idlest humors of their children. Thus selfish and imperious instincts develop at the expense of altruism and obedience, and parents become incapable of developing appropriate personality and social traits in their children. The children dominate and subdue instead of being molded and influenced by their parents. If they were mentally mature, they might be permitted to enjoy complete self-direction; but they are not, and unless they are subjected to proper guidance and discipline, they will fail to reach their full capacity for achievement. Why should not the experience of parents be used to guide and limit the tendencies of children? Have the lessons of past years nothing to offer the child of today? The author cannot agree with that species of psychology which would permit the personality of the child to develop without parental direction or restraint. Observation has not justified the optimism of this school of thought. Even corporal punishment, considering the limitations of the parents of today and of the social environment, cannot be entirely abandoned, either in the home or in the school.

Another striking instance of the importance of discipline in the home is furnished by the high rate of juvenile delinquency among the native-born children of immigrants. These children are sent to our public schools, where they learn English and mingle with American children. In a short time they become

somewhat veneered with American civilization, then suddenly they awake to the apparent discrepancy between the culture of their parents and that of the native American. This discovery disrupts the harmony of the home. The parents become ignoramuses in the eyes of their children and soon are without influence or power to control or direct. The miscellaneous contacts which the children make outside the home soon undermine the standards that had been created and presently these American-born children are brought into the juvenile court. With the stabilizing influence of the home gone, nothing is left on which to lean for guidance or support.

Parents are also to blame for their failure to recognize that the life of today requires different treatment of the child than did the conditions of their own youth. What may have been permissible then is anti-social now. The energy of the child must be allowed to express itself but not in unbridled and ruthless fashion. The great majority of children expend their enthusiasm in harmless or in useful ways. This is as it should be. Many parents, on the other hand, have so little regard for the rights of others that it is small wonder that young boys become ruffians and bullies. While conditions have changed, many parents have not. When properly taught, children will exhibit a marvelous amount of respect, but it is easy to make them incorrigible. Fathers are, in many instances, actually or apparently so busy that they do not take time to make friends and comrades of their sons. A little effort expended in this direction profoundly affects the boy who if given the opportunity is ready to make a hero of his father.

Dishonesty and stealing are a frequent result of the failure of parents to provide children with a little spending money. When such favors are denied, boys are tempted to steal and dispose of the goods. Many methods of cheating parents can be devised. A favorite habit is that of the working boy, who when his wages are increased does not tell his parents but uses the increase as individual spending money. The intemperate and brutal father who beats wife and children soon teaches them to become un-

ruly, revengeful, and cruel. The sons quickly develop Bohemian habits and incorrigibility.

Again when children acquire undesirable habits and begin to commit petty offenses, parents frequently overlook or encourage the delinquency. For example, when the boy steals coal, the parents burn it; when the child begs, the father gleefully counts the receipts. Instead of being permitted complete freedom, the child may be made the victim of cruel punishment. This treatment has in the end very much the same effect on him as the entire lack of discipline. He develops a spirit of defiance, and loses not only respect for his parents but also the chastening effects of moderate and properly administered punishment. The child has after all quite a sense of justice and fair play and is quick to sense and resent a punishment that is entirely disproportionate to the offense.

Mothers who do not understand the transformations that constantly take place in the attitudes of their children lose capacity to handle the problems that may arise. An emotional distance arises between mother and daughter which prevents the latter from seeking aid in time of trouble from the very person who should be the best friend and confidante. The child becomes more aloof and turns to others but often finds in them the source of failure or disaster. Under modern social conditions mothers associate with their children so much more than fathers that they must make a careful study of the problems of the adolescent child. Although fathers cannot be excused from their proper share of guidance, the burden rests with extreme heaviness on the shoulders of mothers.

The Children's Bureau has well said: "Feelings of inferiority, jealousy, fear, anger, temper tantrums, precocious sex interest and bad sex habits, disobedience, lying, and stealing are among the common problems confronting parents of very young children. If not rightly handled, these habits may develop into defects of personality and character which will greatly limit

the individual's usefulness and happiness and may bring him into conflict with the law."¹

The illegitimate child frequently suffers from parental inadequacy. Seldom does he live with his father, usually with his mother or with relatives or strangers. The average mother is not over twenty-one years of age and is too immature to handle the problem of her growing child successfully. The child fails to develop proper respect for his mother and gradually becomes wayward or delinquent. This process, unfortunately, has been witnessed in hundreds of cases and therefore challenges the conventional program for the care of the unmarried mother and her child.

d. Broken Homes

It is true that a disproportionate number of delinquent children come from broken homes, but the problem of delinquency lies deeper. Much ink has been used in bewailing the menace of the broken home, but little attention has been given to the fact that frequently broken homes and juvenile delinquency are both the effects of common causes. The child seeks security and opportunity for development of his hopes and aspirations. Frequently the disharmony in the unbroken home is a more subtle cause of misbehavior than the neglect that is often typical of the broken home.

The broken home frequently lacks the stabilizing elements that are needed to mold normal habits of behavior. Homes may be broken by death, desertion, divorce, or separation, and the disorganization may occur early or late in the lifetime of the child. Delinquency is measurably correlated with certain types of broken homes; the longer the homes remain broken, the greater the number of delinquents.

Young delinquents come more often than older ones from broken homes and an excess of delinquents are reported from homes in which the surviving parent is the mother. In the case

¹ United States Children's Bureau, *Facts about Juvenile Delinquency*, Publication No. 215, p. 8.

of homes broken by divorce or separation, arrangements for the care of the child are usually made. If delinquency presently occurs, the fault lies largely in the type of home life experienced by the child before the home was disrupted. Homes broken by death are the best index of the influence of the incomplete home on the growing child. From the time of the federal investigation in 1907-08 of the parental conditions of juvenile delinquents up to the latest juvenile court statistics, the half-orphan looms large in the delinquency tables. Half-orphans are responsible for more than one-fourth of the entire number of delinquencies—a number out of all proportion to the number of such children in the country. In the majority of cases the father is dead and the control of the child remains with the mother. Owing to the fact that she must often be employed outside of the home, her control of the child tends to languish. Often the children roam aimlessly about the streets and become acquainted with children whose influence becomes demoralizing. It is a serious matter for the child to come home from school and find the house empty and no provision made for him. He may have to wait several hours for his mother's return. Meanwhile neither hands nor mind are idle, and the contacts that are made tend to determine what habits will be formed.

The introduction of a stepfather or stepmother into the home is an occurrence of serious import to the child. Seldom does the foster parent become a satisfactory substitute for the natural parent. When jealousy, distrust, or other evidences of disharmony arise, the breach between parent and child soon widens and destroys the effectiveness of the parent-child relationships. Often children are definitely prejudiced against the newcomer; if so, they tend to resist the encroachments on their freedom that almost inevitably follow, and get beyond the control of both parents.

The typical home conditions among delinquent children are presented in the following table taken from the reports of the Children's Bureau.¹ Figures are based on returns from sixty-two

¹ United States Children's Bureau, *Juvenile Court Statistics*, 1928, p. 11; *ibid.*, 1932, p. 16.

courts for the year 1928 and on thirty courts for the year 1932, but in the later figures the cases were not separated by sex.

HOME CONDITIONS	PERCENTAGE IN 1928			PERCENTAGE IN 1932
	Boys	Girls	Total	Total
With both parents	71	52	68	64.5
One parent and step-parent	7	10	7	7.0
With one parent only	17	24	17	20.0
With mother	12	17	12	
With father	5	7	5	
Other	5	19	7	8.5
Total cases				30,682

The special study made by the White House Conference revealed a situation somewhat similar to that disclosed by the juvenile court statistics. The number of cases, however, was comparatively small, and the results therefore are less significant. The study shows, for example, that nearly 51 per cent of the delinquent boys and 29 per cent of the delinquent girls came from unbroken homes, but that 79 per cent of the public school children studied for comparative purposes lived in unbroken homes.

Homes broken by death were much more numerous among the delinquent children than among the others. In the case of the boys the percentage was 37, and of girls 49; but among the regular school children it was only 17. A similar situation existed in respect to homes broken by the separation of the parents. Delinquent girls yielded a percentage of 22; delinquent boys, 12; but the normal group only 8. The figures also show that the mothers of more than one-half of the delinquent girls were employed away from home and that among the public school children the percentage was only 24. In all cases more fathers than mothers were deceased.

A small group of so-called pre-delinquent children were also compared with the others. They tended to approach the normal

group in respect to the proportion of unbroken homes, but there was a slight excess of homes broken by death ¹

c Delinquency Areas.

Many cities tend to develop a so-called "delinquency area" Clifford Shaw has shown that areas holding specific spatial relations to the business and industrial sections of a city tend to present characteristic social phenomena. Delinquency, crime, desertion, and other abnormalities rate high in certain communities and low in others. This discovery enables preventive agencies to locate the areas where troublesome conditions are likely to be found, but does not unearth the deeper causal factors that operate within them. These areas are inhabited largely by groups that exhibit certain attitudes, specific economic standards, and characteristic ways of living. The causes of these deviations from the normal remain to be discovered and analyzed. On the other hand the contagion of abnormal behavior is soon caught by those heretofore not affected. One plotter or mischief-maker can easily run an entire gang. Mischief for which darkness affords opportunities and wayward companions soon can complete the demoralization of an adolescent child. More than three-fourths of all juvenile offenses are committed during the early evening hours and a large proportion of them by groups of two or more working in harmony with each other.

In the neglected regions of a city, opportunities for legitimate sports are inadequate, hence the greater incentive to indulge in forbidden pleasures. The gregariousness of adolescent children results, particularly in the case of boys, in the organization of street gangs. The energies of these boys could be directed into wholesome channels but are permitted to express themselves without guidance or constructive leadership. The desire for new experience which animates everyone results in escapades and thrilling adventures, some of which are acts of delinquency. Under other conditions and in other parts of a city

¹ *The Adolescent in the Family*, pp 219-221

these desires might express themselves in a thousand forms of wholesome adventure, but not so here because the environmental limitations make the realization of these joys impossible.

Parental inadequacy is more pronounced among the underprivileged than among other groups. The child therefore suffers not only from the handicaps of unfavorable environment but also from the incapacity of parents to make the most of an unfavorable situation. In certain sections of a community, liquor, gambling, commercialized vice, and other demoralizing forces easily entrench themselves. To the boy they are a constant challenge. If his code of behavior has been well established, he may be immune; if he is emotionally weak, he is easily victimized.

f. Physical and Mental Handicaps.

There is but little evidence that tendencies to delinquency or crime are inherited. There is ample evidence, however, that certain physical and mental types are more prone than others to become delinquent. The difference depends largely on the type of social inter-reaction produced by individuals who have been peculiarly conditioned by the exigencies of their particular handicap. A disproportionate number of delinquent children are feeble-minded, but the excess is due not to hereditary criminality but to the ease with which persons of low mentality can be influenced. Mental instability, psychopathic personality, emotionalism, and feelings of inferiority represent traits or conditions that under certain stimuli lead to anti-social behavior. Conduct is the result of the interaction between stimuli from the outside and the response of the personality from within. A boy who cannot control his temper is likely to commit offenses against the person; the mentally unstable child will inevitably engage in erratic conduct. Given a perfect environment such children would not become the victims of their abnormalities, but human conditions cannot be made so perfect as to prevent certain abnormal or psychopathic personalities from becoming anti-social. A measurable amount of delinquency

among this group of individuals must therefore be expected to continue indefinitely.

Physical abnormalities may indirectly determine conduct. Constitutional inferiority, abnormal glandular activity, deformities, epilepsy, physical peculiarities, excessive stature, dwarfism, and other deviations from the normal result in peculiar reactions to external stimuli, witness the habit of uncommonly tall people to walk with a stoop, due of course to the desire not to appear so tall. Whatever tends to set a child apart from the group contains the seeds of misconduct. On the other hand, such differences may lessen the powers of inhibition and make the child susceptible to the infection of observed misconduct.

In many cases the physical and mental qualities coöperate in weakening resistance to abnormal behavior. The adolescent girl with over-stimulated sex impulses who has an intelligence quotient below seventy-five or eighty can easily be inveigled into sex habits that may prove disastrous. If she exhibits only one of these abnormalities, the likelihood of misbehavior would be greatly lessened. Ordinarily a single defect will not effectively influence individual patterns of behavior, but a combination of defects arrayed against the individual may, in a given social situation, easily turn the scale in favor of delinquent conduct. These defects, however, are not causative in character; they merely lessen the powers of inhibition. At all times the personality is only one of the factors involved.

g. Unsatisfactory School Life.

Truancy frequently precedes appearance in the juvenile court. The child refuses to attend school and then quickly becomes guilty of additional forms of misbehavior. As shown in the previous chapter, the causes of truancy are most complicated. The factor of importance in this connection is the maladjustment of the child to the pattern of school life. Often the schools are to blame because they have not interpreted to the child the value and meaning of education. Children drop

out of school because they fail to appreciate the advantages of further training. When, as is often the case, parents have faith in the value of the school but their children exhibit tendencies to become truants, it is clear that school life has lost its attractiveness for them.

The school, through its counselors, the adjustment of the curriculum, and the elimination of some of its wearisome aspects can make a positive appeal for the support of the child, and through its visiting teachers and attendance officers it can deal with the negative phases of the problem. Although truancy represents a state of mind partly due to outside influences, the school is directly responsible in part for the adverse attitudes of children.

h. Child Labor.

Certain forms of child labor lead directly to juvenile delinquency. The federal government in an earlier investigation of the problem concluded that the "largest number of delinquent boys were found in those occupations or industries in which the nature of the employment does not permit of supervision." This observation has been borne out by subsequent studies. In occupations such as the street trades and domestic service, supervision by the employer is reduced to a minimum. The environment of the newsboy is inevitably injurious and adequate supervision is impossible. The results are well known and are registered in the form of a high delinquency rate among all children engaged in the street trades. The excessive delinquency among servant girls is largely the effect of unsupervised hours spent away from both employers and parents. The social discrimination from which the average domestic suffers drives her into companionships and amusement places that bode her no good. The majority of young unmarried mothers were at the time of their delinquency engaged in domestic service and had sought in vain for proper recognition and for opportunities to satisfy their personality needs. The growing tendency among domestics to live at home and to

work at the place of employment for a specified number of hours only is gradually lessening the tension and must inevitably reduce the proportion of delinquencies among girls engaged in this occupation

3. Extent of Juvenile Delinquency.

The actual extent of juvenile delinquency can only be stated in terms of the number of children brought into the court. A large percentage of the children apprehended by police and other officials are dismissed without a hearing. In addition there are many delinquent children who are never brought to the attention of any public official, and of these we have, of course, no record whatsoever. Changing proportions are also affected by the revision of state laws, many of which now give the juvenile court jurisdiction over children up to the age of eighteen years.

The Children's Bureau and the White House Conference have together estimated that approximately 200,000 different children are handled by the juvenile courts annually. Reports received by the Bureau from areas representing 30 per cent of the population of the United States show that in 1933 the juvenile courts in these areas dealt with 68,039 cases of delinquency, involving 59,412 boys and 8,627 girls.¹ The communities reporting represent a larger proportion of the urban than of the rural population and therefore are not entirely typical of the nation as a whole. If some allowances are made for a higher delinquency rate in cities, the estimate given above may still be approximately correct.

Efforts have been made to determine the trend of juvenile delinquency in this country. Statistics for thirteen cities compiled by the Children's Bureau indicate that a peak was reached during the World War and a gradual decline followed until 1927. After this date additional information became available and figures were gathered from eighteen widely separated courts in cities of more than 100,000 population. The juvenile delin-

¹ *Annual Report of the Secretary of Labor*, 1934, p. 86

quency rates as computed are given in the following table (rate meaning the number of boys and girls before the court per 10,000 boys and girls of juvenile court age).¹

<i>Year</i>	<i>Boys</i>	<i>Girls</i>
1927	162	31
1928	174	33
1929	183	34
1930	184	34
1931	172	30
1932	162	25
1933	156	24

These figures indicate that delinquency rates gradually rose from 1927 to 1930, since which time they have materially fallen. As one can readily see from the foregoing table, delinquency rates for girls vary from approximately one-sixth to one-fifth of those for boys

Practice in handling behavior cases varies so much from community to community that no accurate estimate of the annual number of serious problem cases can be made. The Children's Bureau reports one western city in which 1,430 cases involving truancy, morals, and insubordination were investigated but only 116 referred to the juvenile court. In a year the New York City Crime Prevention Bureau dealt with 9,846 cases. Of this number 4,791 were characterized as "new cases of social treatment" and only 128 were referred to the court. In Los Angeles out of 5,203 juvenile arrests, 3,477 were turned over to the juvenile court, probation officers, or other legal authorities.² In view of these contrasts we may well believe the estimate of the White House Conference that at any one time the number of children in this country presenting behavior problems is 675,000.

4. Offenses of Delinquents.

The formal charges made against children often conceal the true nature of the offense actually committed. Girls guilty of a

¹ *Ibid.*, p. 86

² United States Children's Bureau, *Facts about Juvenile Delinquency*, Publication No. 215, p. 5

sex offense may be charged with incorrigibility and boys guilty of stealing, with mischief. The offenses committed, although they give an indication of the mental attitude of the child, are not a satisfactory index to a child's behavior pattern. In many cases the offense actually committed is a mere by-product of a maladjusted personality. Given a slightly different social situation, the delinquent would have committed an entirely different type of crime. Nevertheless the charges throw light on the disposition and character of a child and have value in connection with a program of remedial treatment. In the following table are given figures showing the charges made in sixty-two courts during the year 1928 and in thirty courts in 1932.¹

CHARGE	PERCENTAGE					
	Total		Boys		Girls	
	1928 *	1932	1928	1932	1928	1932
Stealing or attempted stealing	38	36.4	43	41.0	12	12.4
Truancy	9	5.4	9	6.9	12	9.2
Running away	8	8.6	6	4.8	15	18.0
Ungovernable	10	9.2	7	6.3	28	27.7
Sex offenses	4	4.0	2	1.5	19	18.4
Attempted injury to person	3	2.6	3	2.6	3	2.3
Carelessness or mischief	25	30.9	28	34.0	8	10.0
Violating liquor or drug law	1	.6	1	.5	1	1.0
Other	1	2.3	1	2.4	1	1.0

* Children's Bureau omits decimals in the figures for 1928

The sex and the interests of children are somewhat reflected in the type of offense committed. Stealing accounts for more than two-fifths of the offenses committed by boys, but this offense is relatively uncommon among girls. Furthermore stealing appeared in almost equal proportions among boys of the different ages. The type of stealing, however, was not uniform since the older boys stole automobiles, while the younger ones contented themselves with the less serious forms of stealing.

¹ United States Children's Bureau, *Juvenile Court Statistics*, 1928, p. 16; *ibid.*, 1932, p. 17

The most common charge against girls was "ungovernable" meaning incorrigible, followed by "sex offense." These two are closely allied to the offense of running away, the three together comprising 62 per cent of all charges against girls. Carelessness is most common among the younger boys and decreases as the boys grow older. Relatively it is much more prevalent among boys than among girls.

The Children's Bureau report shows that the boy delinquents outnumber the girls more than five to one. Only in the case of sex offenses is the absolute number of girls' cases larger. Few delinquent children are under ten. Among boys approximately 45 per cent were fourteen or fifteen years old, but among girls the age group including sixteen and seventeen, with 60 per cent of the cases, was the highest.

QUESTIONS FOR ADDITIONAL STUDY

1. Under what age should children be declared incapable of committing crime?
2. Is delinquency increasing among the younger children?
3. What factors cause a high rate of Negro juvenile delinquency?
4. Investigate the importance of delinquency areas
5. What factors are responsible for the difference between the rates of delinquency of boys and girls?

SELECTED REFERENCES

- Blanchard, Phyllis, *The Child and Society*, 1928.
 Burt, Cyril, *The Young Delinquent*, 1925
 Healey, Wm, and Bronner, Augusta, *Delinquents and Criminals, Their Making and Unmaking*, 1926
 Lindsey, B. B., and Evans, W, *The Revolt of Youth*, 1926.
 National Commission on Law Observance and Enforcement, *Report on the Causes of Crime*, Vol I (report of Henry W. Anderson) 1931;
 Vol. II, *Social Factors in Juvenile Delinquency*, by Clifford R. Shaw and Henry D. McKay
 Reckless, W. C., and Smith, Mapheus, *Juvenile Delinquency*, 1932.
 Shaw, Clifford R., *The Jack Roller*, 1930
 Shaw, Clifford R., and others, *Delinquency Areas*, 1929.
 Slawson, John, *The Delinquent Boy*, 1926
 Thrasher, F. M., *The Gang*, 1927.
 United States Bureau of the Census, *Juvenile Delinquents. 1933, 1935.*

United States Children's Bureau, Publication No. 196, *Youth and Crime*, 1930

—, Publication No 215, *Facts about Juvenile Delinquency*, 1932.

—, Publication No 226, *Juvenile Court Statistics, 1932, 1935*.

Van Waters, Miriam, *Youth in Conflict*, 1925.

White House Conference, *The Adolescent in the Family*, 1933

—, *The Delinquent Child*, 1932

Young, Pauline V, *Pilgrims in Russian-Town*, 1932.

CHAPTER XXIII

THE JUVENILE COURT

1. The Juvenile Court Movement.

The beginnings of the modern movement for the care of delinquent children were made in Massachusetts in 1869 when children were not only granted separate trials but the state agent for children was also required to be present. Delinquent children instead of being held in jail and prisons were placed with private societies. Ontario, Canada, in 1893 passed a law which made separate provision for the care of delinquent children. In this country genuine agitation for a juvenile court law began in Illinois several years before that state finally enacted the first American juvenile court law. This occurred in 1899 and in that year Chicago established an official juvenile court.

Social workers carried the news of the Illinois law to the rest of the country and in a short time enthusiasm for the idea appeared in a great many states. In Denver a juvenile court was informally established in 1899, shortly prior to the meeting of the Colorado legislature. A Pennsylvania law passed in 1901 was declared unconstitutional but a new law enacted in 1903 apparently ran the gauntlet of the courts. New York City introduced a juvenile court in 1902 and the cities of Brooklyn and St. Louis followed the next year. Soon various state laws were passed and by 1919 juvenile court laws had been enacted in all of the states except three, and in these some provision for the special care and handling of juvenile delinquents had also been made. Since then one of these states has passed additional laws, leaving only two states without a definite juvenile court law.

2. Courts Given Jurisdiction over Juvenile Cases.

The general tendency in juvenile court law has been to give the jurisdiction over juvenile cases to existing courts that had been handling children. These courts in some communities were the district or superior courts that had jurisdiction over civil cases, adult criminals, and juveniles. In many states, however, deviations from this plan occurred so that we find jurisdiction given to police judges, justices of the peace, municipal courts, county courts, probate courts, common pleas courts, courts of domestic relations, and special courts. In many states the plan is not uniform for the entire state, but jurisdiction is given in the large cities to one type of court and in the remainder of the state to another.

Special juvenile courts have been provided for some of the larger cities, of which Denver is probably the most conspicuous example. Such courts give their entire time to juvenile problems and usually require the full time of the presiding judge. A favorite plan in the larger cities is to make the juvenile court a division of the circuit or superior court, to hold the juvenile court in a separate room, and to utilize one of the judges for this special work. In case the judges of the district have divided their work so that some sit on civil cases and others on the criminal bench, the juvenile court judge is selected from one of the sets of judges. Often he has been taken from the criminal bench where he may have spent part of his time hearing a murder trial and has hardly developed the frame of mind that is consistent with the handling of juvenile offenses. In other cases he has been selected from the other group. Sometimes the judges arbitrarily select one of their number to preside over the juvenile court. In St. Louis the judge sitting in the court of domestic relations is required by law to handle the juvenile court also.

In the smaller communities where juvenile offenses are not sufficiently frequent to require much work, the judge presiding in the district or circuit court may adjourn his court and immedi-

ately call a juvenile court session, either in the same room or in an adjoining one. In states which have districted the counties and require a judge to hold court in a number of counties, a child may be arrested when the judge is at work in an adjoining county. The child cannot appear in court at once and may be detained in some institution meanwhile. In case the county has no provision for detention other than a jail, great harm may be done. Owing to dangers of this kind, some of the states have given jurisdiction over juvenile cases in smaller communities to courts that may be in session any time, or have made provision for a referee empowered to make a temporary disposition of the case.

The provisions made for court procedure are, however, not sufficient to meet the complete need of juvenile cases. According to the Children's Bureau the standard requirements for an adequate juvenile court system are: separate hearings for children's cases, provisions for the detention of juveniles apart from adults, informal procedure; social investigation before the case is heard; a probation system; a special record system; means for securing physical and mental examinations. Judged by these standards, a large part of the United States is still without an adequate juvenile court program.

3. Age Limitations.

At first the juvenile court was empowered to deal with children under sixteen years of age. Gradually higher age limits were accepted, some states fixing the age at seventeen and others raising it to eighteen. In California the theoretical age has been raised to twenty-one, but delinquents over eighteen are seldom if ever brought into the juvenile court. In 1929 two states had a twenty-one-year limit, fourteen fixed the age at eighteen, five at seventeen, and only nine at sixteen. The other states did not have uniform age limits but provided different limits for different types of cases.¹ In certain states the limits for girls

¹ United States Children's Bureau, *Juvenile Courts at Work*, Publication No 141, p 251

and for boys are different and in many states the jurisdiction of the court over the child may extend beyond the age of original jurisdiction.

The consensus of opinion is in favor of the adoption of an eighteen-year limit for original jurisdiction and for continued jurisdiction over the child until he is twenty-one, unless he has been previously discharged by the judge. Many would provide in the law that a child of sixteen or over, if charged with a very serious offense, might be transferred to the criminal court.

4. Functions of Court.

Although the juvenile court was originated to provide a humane and scientific method of handling juvenile offenders, the jurisdiction of the court could not long be limited to cases of delinquents. In many places it was soon expanded to cover dependency and neglect and the cases of adults who contributed to juvenile delinquency or neglect. The so-called Juvenile Court Standards suggest the following items.¹

The juvenile court should have exclusive jurisdiction over:

- (1) Children alleged to have violated laws or ordinances or who have become behavior problems.
- (2) Homeless, abandoned, destitute, and neglected children.
- (3) Adoption cases
- (4) Children in need of protection by reason of mental defect.
- (5) Serious violation of school attendance laws.
- (6) Contributing to delinquency or dependency
- (7) Non-support or desertion of minor children
- (8) The determination of paternity and support of children born out of wedlock.

In several states in which a domestic relations court has juvenile court jurisdiction, the same court also handles divorce, and desertion or non-support of wife as well as of children. Certain Ohio courts, particularly the court in Cincinnati, illustrates this broader jurisdiction and concentrates problems of children and of family in a single court. In several states the law permits the juvenile court to administer the mothers' and law. San Fran-

¹ *Ibid.*, p. 251

cisco illustrates this policy and there the plan apparently has been successful. However, many students of the problem do not consider it wise to burden the juvenile court with social service of this type. On the other hand, in seventeen states the juvenile court is authorized to carry on this work.

As the functions of the juvenile court have expanded, the name has sometimes been changed to "children's court." Such a development is desirable, there being no good reason why the court should not handle every type of child needing the legal protection of the state. This task, however, requires an adequate and trained probation staff. Concentration of functions implies additional work and will in many cities make necessary the full-time service of a judge. This goal should be achieved wherever possible, because it leads to sincere interest on the part of the judge in the many problems of child welfare that regularly confront the court.

5. Selection and Qualifications of Judges.

The states differ widely in respect to the qualifications required of the juvenile court judge. In certain states in which the court is merely a division of another court, the ordinary legal conditions are imposed. In other states special qualifications are set forth. In Wilmington, Delaware, his qualifications are "fitness to be a juvenile judge", the judge in Indianapolis must be forty years old, a legal voter, and a parent, in certain communities he must be "learned in the law" and possess special fitness by training and experience to deal with problem children.

Methods of selecting judges also vary greatly from state to state. The juvenile court judges in the large cities of several states are appointed by the governor; in cities where a special juvenile court has been created, they are usually elected. In districts where there are several judges, the juvenile court judge is usually appointed by the entire group of judges but in occasional instances the plan of rotation is still followed. In most communities the function of juvenile court judge is given

to the judge of some established court and therefore no special method of selection is in operation

The system of rotation once so widely followed prevented the juvenile court from improving the quality of its work. Judges felt that presiding over a court that merely dealt with children was an act somewhat beneath the dignity of a judge and a chore to be avoided if possible, but if an assignment was inevitable, the task should be made as painless as the situation warranted. Fortunately in several large cities the judges formed the practice of continuing one of their number in the juvenile court for several years. In this way several eminent juvenile court judges were developed and the court itself achieved a degree of respectability which otherwise would have been lost. Judges usually establish or enhance their reputations in the civil courts and therefore dislike to be sidetracked into either the criminal or the juvenile courts. On leaving the bench they hope to find a lucrative practice in the settlement of problems and suits involving property, but practice in this field is not acquired in the juvenile court.

Although the juvenile court judge should be versed in the law, it is not necessary that in all courts throughout the country he actually be a member of the bar. The more important qualifications of this judge are a knowledge of child psychology, an understanding of the problems of delinquency and neglect, and an appreciation of the possibilities of a preventive program. Theoretically the judge does not bring with him to court the so-called judicial temperament; he is there to protect the child and to assist in a plan for the child's reclamation or return to normal habits of behavior. Unless his attitude is constructive, he is a handicap to the children brought into the court. As Judge Julian W. Mack well said in his discussion of the juvenile court judge, "unless he realizes that the problem before him is totally different from the problem either in the civil or the criminal court, that the question he has to determine is what can we do to save and redeem the child, he might as well abandon his position."

6. Court Procedure.

Jurisdiction over a child is usually obtained by means of a petition filed by a probation officer, followed by a summons or perhaps a warrant served upon the child and his parent. A petition may in many states be filed by some reputable private citizen, but this procedure is uncommon. As a general rule the citizen communicates his grievance to the probation officer, who then acts on the basis of this information.

Pending his appearance in court, the child may be allowed to remain at home or in case of flagrant misconduct he may be detained in a suitable place. In most communities he may not be put in jail, but in the absence of a detention home he may be placed in the care of the jailer or some other public official. Private homes as agencies for temporary detention of children have also been used.

Before the child is heard in the court, a thorough investigation should be made by the probation officer. This investigation should, according to the Juvenile Court standards, include:

A study of the child himself, including a physical and mental examination and study of his behavior, developmental history, school career, and religious background, study of his environment and an estimate of the essential causal factors responsible for his behavior.

Recommendations for treatment.

Psychiatric and psychological study of the child should be made in all cases in which the social investigation raises a question of special need for study and it should be made before the decision concerning treatment.

Physical examination of girls should be made by women

For rural communities, facilities for study should be provided either through existing centers in cities or through traveling clinics under the auspices of state agencies.

Hearings should be held as soon as possible and should be conducted without publicity or formality. At first public hearings were the rule but the objections by lawyers and newspaper men to private hearings were finally overruled. As a consequence the private hearing is now the prevailing practice. Argu-

ment is not necessary to prove the value of this modification of regular court procedure.

At the hearing no one should be present except persons directly interested in the case. Witnesses should not appear except when testifying and provision for reasonable privacy should be made for children awaiting a hearing. The current practice in many communities which herds children and witnesses together in a large anteroom is thoroughly contrary to best procedure. Frequently the representative of the children's agency is expected to be present.

Although the judge usually has the power to place children under oath, such procedure is too formal and lessens the effectiveness of the constructive work expected of the court. In a private hearing at its best the judge is seated behind a table and the child, witnesses, officers, and others directly interested crowd around. The parties speak in comparatively low tones, the judge questions the child, listens to his story, hears the complaints or testimony of others, ascertains the recommendations of the investigating officials, and finally decides on a plan of action. If competent officials have made the previous investigation, their recommendations will generally be followed. The judge, however, should consider himself free to modify or change the plan for the child.

Trial by jury is allowed in many states but should never be permitted. It is entirely inconsistent with enlightened juvenile court procedure. Nor should dependent or neglected children be brought into court, except for identification or for such other special purposes as may make their appearance before the judge necessary. A record should be made of the significant features of the court hearing and made a part of the case history of the child, to be used for purposes of interpretation and for further planning.

As far as possible the cases of girls should be heard before a woman referee. In the larger centers a woman probation officer or specially appointed official may be used for this purpose. Chicago first gave the country an opportunity to appreciate the

value of this method of handling girls. Its first woman referee later became the juvenile court judge. In Los Angeles the referee not only hears the girls' cases but those of all boys under twelve years of age as well. In all cases handled by the referee, the judge must of course review the findings and dispositions and may make such changes as he sees fit.

7. Disposition of Child.

The disposition of the child is part of the program of constructive treatment. It must therefore be adapted to the opportunity for adequate care of the child in his home and to the facilities for supervision that the court may be able to provide. The possible varieties of disposition are: dismissal, fines, restitution of property, probation, placement under supervision in a private home, and institutional care. Fines should not be imposed. They would probably force the child to engage in forbidden forms of child labor in order to earn the money needed or would require the parents to pay the fine directly. In either case the observed effects have not proved wholesome. Restitution of property destroyed, although similar to fines, is considered permissible in case it develops proper respect for the rights of property or has significant disciplinary values. In Europe these punishments are in favor and are frequently imposed.

Many cases are settled out of court. After an investigation has been made the child and his parents appear before the chief probation officer, they agree to a course of procedure required by the officer and the case then is not held for a hearing before the judge. This plan is permissible in the case of many minor or first offenses. Other cases are dismissed by the judge, who, however, usually impresses on the child and his parents the gravity of misconduct or infraction of the law. Frequently the child appearing for the first time is dismissed either with or without the requirement to report occasionally to the probation officer.

Children for whom definite treatment becomes necessary are placed on probation or given institutional care. The popular

plan is probationary care, which is generally desirable for all children capable of readjustment in their own home environment. For such children it not only precedes but is preferred to institutional care. Since the child expects to live in the community at large, every effort to adjust him to normal life in the community should be made. The factors responsible for his delinquency must be given consideration, and in certain cases the child needs to be withdrawn from his own home and its immediate environment and be placed with some child-caring society which will find for him a foster home in another community where the chances of improvement are better.

Institutional care is provided after the child shows incapacity to respond favorably to the benefits of probationary care. When the freedom of the home and the local community is abused and incorrigibility continues, the institution becomes a last resort for the child. The "Juvenile Court Standards" recommend that children placed in institutions remain under the jurisdiction of the court and that the court have power to require reports of the progress of the children and to visit the agencies to which the children may be committed. According to judicial decision, the juvenile court judge can, if conditions have changed in the child's home, order the child to be returned to it even though the institution is not favorable to such action.

8. Use of Evidence.

It has been held that the information obtained in regular juvenile court procedure cannot be used against the child in proceedings other than in subsequent proceedings under the juvenile court law. For example, in the case of a boy of twenty tried for stealing some clothing, a reference by the prosecuting official to the fact that the boy had at one time been a juvenile delinquent would have necessitated a new trial of the boy but for the fact that the jury unanimously declared that it was not influenced by the reference. The extent to which confidential information obtained by a juvenile court judge may be held confidential has not been clearly defined. Judge Lindsey after

refusing to disclose information revealed to him by a boy was fined for contempt of court, but three judges in the upper court dissented when the judgment of contempt was affirmed.

In some states the public inspection of juvenile court records is forbidden. Many who work with delinquent children favor the destruction of the records of a child when the age of majority has been reached, provided that the constructive program for his treatment has been successful.

9. Trial of Adults.

Owing to the expanding functions of the juvenile court, many cases of adults are brought before the court. In conducting the trial of adults, the court does not follow the procedure employed in juvenile cases. The standard recommendation is as follows: in cases involving adults, such as contributory delinquency or dependency, the usual court procedure in criminal cases is necessary, as the defendant is entitled to all the safeguards that the law and the Constitution throw around him. In the trial of these cases children should be protected to the extent that they should not appear in court for the purpose of testifying and while in the court room should be accompanied by a probation officer.¹

With the breakdown of the traditional theory of criminal procedure, adults may eventually be handled from the standpoint of the problems involved. A procedure based on a social investigation of the background of the accused adult and conducted in such manner as would bring forth the constructive possibilities of the case would be infinitely superior to the method now used. Gradually domestic relations courts may be expected to modify present procedure for adults in the direction of the methods now used in the juvenile courts. Without adopting juvenile court procedure in the case of such adults, the courts could, nevertheless, select some of its most important features, and by so doing would greatly improve the chances of a rehabilitation program.

¹ *Ibid.*, p. 254

10. The Juvenile Court in Other Countries.

The juvenile court has had its greatest development in the United States. Canada, however, which really began the system, has established juvenile courts which deal very effectively with children. There, as here, the courts are established separately in each state or province. South Australia established a children's court in 1895, and New South Wales in 1905.

Before the World War Germany had established a rather elaborate plan of procedure for the handling of juvenile delinquents. Among the provisions of its code were the following:

The term "juvenile" was applied to persons under 18 years of age.

In each judicial district a juvenile court was to be established with one judge and two laymen in charge

The public attorney decided whether a case should be prosecuted or given educational treatment

The accused child might be defended by a lawyer

While awaiting trial the child might be detained in a reformatory.

Trials were to be separate from those of adults

The child might be placed in an institution or on probation.

A system of paid probation officers was provided, but in the beginning it was maintained largely by private societies. Gradually officers have begun to receive their salaries from public funds. Germany has practically duplicated American experience in this respect.

In 1923 the German government revised and improved its juvenile court law and system. Misconduct by children under fourteen was no longer considered an act of delinquency and the new law was made applicable to children between fourteen and eighteen years of age. It was furthermore provided that the physical and mental conditions of a child should determine whether he should be held for the court hearing or disposed of in other ways. Wilful offenders of juvenile court age were to be handled according to one or more of the following methods of disposition. commitment to care of guardian or to school authorities; imposition of special duties; change of environment; probation; commitment to care of public authorities.

Significant advance in juvenile court legislation has been made by England, where the institutional care of delinquents has long been considered a superior form of treatment. The Children's Act of 1908, which is an elaborate code covering many phases of child protection, devotes one of its six parts to the juvenile offender. The principal points covered in this part of the Act are as follows: ¹

Delinquency applies to children under sixteen

The officials may release the accused on a recognizance for such an amount as will secure his attendance at court.

Detention homes must be provided.

Parents or guardians of children must attend court

In case of guilt the following punishments are provided.

Fines may be imposed on children or on the parents of the offenders

The child may be placed under the supervision of a probation officer or committed to some other fit person

He may be sent to an institution or a detention home

He may be whipped

He may be discharged provisionally.

The parent may be required to give security for the behavior of his child

Juvenile court hearings must be held in a different building or room than that in which the court ordinarily meets

Children while detained for trial are not allowed to associate with adults

Private hearings are provided except that representatives of the press may be present

The imprisonment of children is abolished

The provisions of the English law took effect in 1909 except the part relating to imprisonment, which was put in operation in 1910. The law does not provide for special children's judges but utilizes the services of the justices of the peace and the metropolitan magistrates, except in London where in addition to the judges, two lay justices, one of whom must be a woman, assist in handling the cases. The probation department in London is well organized with women officers of superior education serving the court, but throughout most of the country

¹ Children's Act, 1908, 8 Edw 7, Ch 67, pp 55-86.

such probation as is attempted is in the hands of officials whose chief concern lies elsewhere.¹

The juvenile court system was begun in France by the law of 1912. A subsequent study by an American investigator of delinquency in Paris brought about much improvement in the system of child care in that city and made significant impressions in other parts of the country. The law recognizes the status of probation officer and authorizes private individuals to serve as volunteers. The individuals accepted are usually connected with child welfare agencies, either as members or paid workers. Volunteers may not supervise more than ten children at any one time. A probation system such as that prevailing in this country will hardly be adopted in France for a long time to come.

Outside of these three countries, very little has been accomplished in Europe in the field of juvenile court legislation.

QUESTIONS FOR ADDITIONAL STUDY

1. Name some important juvenile court judges and study their work and methods
2. Should a larger number of women be made juvenile court judges?
3. Has all need for public hearings disappeared?
4. Discuss fines and corporal punishment.
5. What types of persons should become competent referees?

SELECTED REFERENCES

- Addams, Jane, and others, *The Child, the Clinic, and the Court*, 1925.
Ann. Amer. Acad., Vol. 105, January, 1923, Articles on "The Evolution of the Juvenile Court" and "The Outlook for the Juvenile Court."
Eliot, T. D., *The Juvenile Court and the Community*, 1914.
Lenroot, Katharine F., "The Place of the Juvenile Court in a Community Program for Child Welfare," in *Ann. Amer. Acad.*, Vol. 121, September, 1925.
Lou, H. H., *Juvenile Courts in the United States*, 1927.
Murphy, J. Prentice, "The Juvenile Court at the Bar," *Ann. Amer. Acad.*, Vol. 145, September, 1929.
Reckless and Smith, *Juvenile Delinquency*, 1932.

¹ Glueck, Sheldon (editor), *Probation and Criminal Justice*, p. 280.

Sutherland, E. H., *Principles of Criminology*, 1934, Chap. 15, "The Juvenile Court "

United States Children's Bureau, *Analysis and Tabular Summary of State Laws Relating to Jurisdiction in Children's Cases and Cases of Domestic Relations in the United States*, 1930

—, Publication No 104, *The Chicago Juvenile Court*, 1922.

—, Publication No 121, *Juvenile Court Standards*, 1934.

—, Publication No 193, *The Child, the Family, and the Court*, 1933.

—, Publication No 141, *Juvenile Courts at Work*, 1925.

—, Publication No 196, *Youth and Crime*, 1930.

White House Conference, *The Delinquent Child*, 1932, pp. 256-327.

CHAPTER XXIV

THE PROBATION SYSTEM

1. Development of Probation System.

The probation system antedates the juvenile court by many years. The beginnings were made in 1869 when Massachusetts empowered the state agent for children not only to be present at the trial of children but to supervise the cases turned over to him. In 1878 it provided for a probation officer in Boston, and in 1898 the probation system was extended to all the courts of the state.

In several states the probation system was used before the establishment of the juvenile court, but with the rise of the court the probation system sprang into greater prominence. While the juvenile court itself dates only from 1899, all of the states have enacted probation laws and have begun to use the new methods of dealing with juvenile delinquents. Many states, however, limit the application of their laws to the larger cities. In 1898 Rhode Island passed a law providing for the temporary supervision of delinquents and in 1903 a number of states made provision for probation. After this date the system was rapidly extended.

2. Meaning of Probation.

The keystone of the juvenile court is the probation system. It alone can make the court successful. The court is largely a directing and disposing agency and does not modify or transform the behavior traits of children. Its advice is needed but the actual day-to-day service required to give children the routine and treatment they need must be contributed by the probation officer. Probation is not, as many suppose, release from the control or guardianship of the court but is a method of treatment.

It is a follow-up system that attempts to apply the program outlined by the court, and to test the success of its endeavors. "It is the entire system of proving or examining, investigating, and supervising for a period a child brought to the court for treatment "

The duties of the probation officer as expressed in law are well illustrated by the Illinois statute which reads as follows: "It shall be the duty of the probation officer to make such investigation as may be required by the court, to be present in court in order to represent the interest of the child when the case is heard; to furnish the court such information and assistance as the judge may require; and to take such charge of the child before and after trial as may be directed by the court " The actual functions of probation officers are discussed in a later section

3. Organization of Probation System.

A probation force should consist of a chief probation officer and such assistants as the local community requires. Men officers must be used for the older boy delinquents and women officers for all girls. The younger boys, particularly those under twelve years of age, may also be assigned to the women officers. In a populous district the probation force may be divided, some being required to limit their service to investigations and a study of the case before appearance in court, the others to engage in supervision and treatment of the delinquent. In the best probation offices, a case supervisor is employed who reads the records made by probation officers, suggests improvements in methods, and cooperates in making plans for the probationary care of the children. In smaller communities the officers must perform all these duties.

Two different plans for assigning cases to the probation officers are in operation. According to one the city is divided into convenient districts to each of which a man or a woman probation officer is assigned. The advantage of this plan lies in the fact that the territory to be covered by the officials is so

compact that they can become acquainted with the conditions that prevail therein and can then outline more successfully the program of procedure for each child. They can also secure more successful cooperation from the local social agencies. On the other hand the acceptance of every variety of case prevents such specialization as results in the most intelligent methods of treatment.

According to the second method, each probation officer has charge of special types of cases throughout the city. Colored children are cared for by a colored official, white girls by a white woman; cases of very serious delinquency by a man trained in the art of handling this type of boys. This plan, while it may enable the official to acquaint himself with the details of a case, does not allow him to understand thoroughly the community in which the delinquent lives. It likewise compels him to cover a large territory, and occasions a considerable loss of time, as well as lessens the opportunity of the probation officer to identify himself with the community in a positive and constructive manner. Its chief virtue lies in the advantage which specialization in types of delinquency affords.

4. Qualifications of Probation Officers.

Although probation as a method of treatment was being recognized, the original juvenile court laws were not certain that probation officers should be paid out of public funds. The Pennsylvania law of 1903, for example, provided for the appointment by the court of one or more discreet persons of good character to serve as probation officers during the pleasure of the court, said probation officers to receive no compensation from the public treasury; and it further required that the probation officers make such investigations as the court might demand, that they be present in court when the case was heard, that they furnish the court such information and assistance as might be required, and that they take such charge of the child before or after trial as the court might direct. In fact Pennsylvania required its unpaid workers to perform functions almost iden-

tical with those required in Illinois of its paid probation officers.

The earlier probation systems consisted in many other cases of a group of workers selected and compensated by private philanthropy. Sectarian agencies, social settlements, and other organizations cooperated to develop probationary work in connection with the juvenile court. Needless to say, salaries were usually far from adequate and difficulty was experienced in obtaining and retaining competent workers.

Failure to provide a force of public probation officers gave rise to an extensive system of volunteer workers. In many cities, for example, in Indianapolis, the courts were compelled to rely almost entirely on the volunteer service that could be recruited from the clubs, churches, and other agencies that manifested an interest in the work of the court.

A new enterprise fascinates many men and women, with the result that they eagerly volunteer their services. Individuals who enlist their time and energy in probation work should be commended and their efforts appreciated. On the other hand, volunteer service often becomes fashionable and women totally unfit for supervisory work clamored for recognition as probation officers, largely because it gave them status and additional recognition. However, after a few reverses in attempting to adjust the problems of delinquent children their ardor cooled and presently they withdrew from the system.

It soon became clear that the system of voluntary probation officers could not succeed. The practice of appointing "discreet persons of good character" to handle the problem of probation declined, but a temporary revival took place when the Big Brother and Big Sister movement entered the field and through a trained executive selected competent men and women to assist in the supervision of children referred from the courts. Gradually as a public probation system was instituted, this organization has limited its volunteer work to unofficial cases or to such other cases as may prove amenable to the efforts of the volunteer. The accepted plan today is, "if volunteer service is used,

the persons performing such service, or the executive organization of volunteers, should be directly responsible to the court."

The efficient probation officer combines education, training, and personality in most unusual form. The minimum qualifications according to the Juvenile Court Standards are.¹

- 1 Education; preferably graduation from college or its equivalent, or from a school of social work

- 2 Experience, at least one year in case work under supervision

- 3 Good personality and character, tact, resourcefulness, and sympathy.

Probation officers must possess a comprehensive knowledge of child psychology and know how to deal successfully with children. They need a personality that attracts and has capacity for calling forth the better ambitions of the children. Their patience must be unlimited and they must be sympathetic but not sentimental. It was the sentimentality of many well-wishing volunteers that eventually brought the system into disrepute. Probation officers must realize that many years of influences operated to develop the habits of the children with whom they are concerned and that much time is necessary to undo the damage that has been done. They need to understand the elements of family case work and must cooperate with parents in an endeavor to retrain the mind of the child.

In a few states probation officers are appointed by the state board or commission, but in a majority of courts the appointments are made by the judges. The first courts having provided for appointment by the judges, subsequent laws followed the method originally set forth. There are no adequate reasons for this plan but it is likely to prevail for many years. Selections should be made from an eligible list prepared by a civil service board. Political considerations should not be allowed to enter and merit should be the sole qualification for appointment. Many states now provide for some type of civil service examina-

¹ United States Children's Bureau, *Juvenile Courts at Work*, Publication No 141, p 255

tion, but the loopholes in the laws are so large that significant success has not yet been achieved

A survey made by the American Association of Social Workers of the actual rating of probation officers throughout the country disclosed a very unfavorable condition. In education, in social service experience, and in other respects the personnel of the probation departments of the country ranks far below the standards of the family welfare or child-placing groups.

The use of police as probation officers was necessary before the public recognized the desirability of a separate staff for the care of delinquent children. Policemen are notoriously unfit for the task of supervising children. Wherever possible their use in this capacity is being discouraged and probation officers appointed instead.

Occasionally also a judge would assume the rôle of probation officer. However, he should not usurp the functions of such an officer, his extra service should be to give more time to individual cases and in many instances to hold conferences with children and their parents.

5. Functions of Probation Officers.

The minimum essentials of social investigation have already been detailed in the previous chapter. There remain the duties of the officer in behalf of the delinquent placed under his care. An epitome of standard practice contains the following points:

A definite plan for constructive work should be made, recorded, and checked monthly with the appropriate official.

Reports from children at regular intervals should be required only if it seems clearly to be for the good of the child. Under certain conditions, however, it gives opportunity for a better acquaintance with the child and becomes a means of training him in habits of regularity and punctuality.

Home visits should ordinarily be made at least bi-weekly.

Due consideration should be given to language, race psychology, and religion.

Reconstructive work with the family should be undertaken whenever necessary. When other agencies can meet particular needs, their

service should be enlisted, and always the officer should cooperate with agencies concerned with the family in question

Weekly reports should be secured from the schools, conferences should be held with their representatives, harmony and good-will should be established between the teacher and the probation officer

The probation officer should guide and assist children of working age in the choice of a vocation

Whether an employer should be informed of a child's delinquency depends on a number of considerations, but the interests of both the employer and the child should be safeguarded

Planning for the recreation activities of probationers is often an important part of the officer's functions.¹

Success in probation work depends on the extent to which the officer can secure the genuine cooperation of the constructive agencies in the community. Often the parents and the home are incapable of assisting in the process of character building. In that case the task must be undertaken by neighborhood agencies. The probation officer who cannot make personal contacts with the child often enough to enable the child to maintain new standards of conduct must organize and utilize the neighborhood forces for this purpose. The failure of many probation officers to realize this fact accounts for much of the ineffective work charged against the probation system. Most delinquent children need reeducation—a process requiring not only wholesome contacts with socially-minded individuals but also participation in a series of group activities

The case load of probation officers is an important factor in the success of probation. The number of children that can be conveniently handled by one officer depends on the habits of the delinquent and the type of environment in which he lives. Serious cases can hardly be given too much attention. The standard case load is not more than fifty children under the direction of an officer at any one time, and in case of delinquent girls a smaller number. In actual practice the case load is much larger. The study made by the Children's Bureau showed that in ten prominent juvenile courts of the country the average

¹ *Ibid.*, p. 256

number of cases per probation officer varied from thirty-six to 156. Extreme instances are known of a temporary case load of more than 200.¹ Volunteer officers, on the other hand, are not expected to handle more than two or three cases at one time; otherwise the effectiveness of their work will be greatly handicapped. Many probation offices, after a child is released from probation, provide for his continued supervision by referring him to some agency such as the Big Brothers.

6. Length of Probation.

Courts occasionally dismiss a child without placing him on probation but lack of supervision frequently results in a re-appearance in the court. Probation then becomes necessary. The possible length of probation is greatly affected by state law. In Massachusetts jurisdiction over the child may be retained until he is eighteen, in Missouri, until the age of majority—twenty-one for boys and eighteen for girls. The various courts likewise differ widely from each other in their habitual procedure. In many courts a probation period of six months is specified by the courts, with the right to modify the decision if considered advisable.

Comparatively long periods of probation are the rule in Los Angeles. As a consequence so many children are carried on the records that the delinquency rate seems to be abnormally high. Doubtless the rate is actually lowered by the long period of probation. The courts specifying short probation terms believe that their plan will encourage a probation officer to attempt constructive work at once and will stimulate the child, because of hope of early dismissal, to conduct himself in normal manner. The long probation periods are imposed by judges less optimistic concerning the immediate solution of a child's behavior problem. In addition, if an individual is not discharged from probation, it becomes possible to resume active probationary service whenever the situation warrants. The length of probation should be adjusted to the needs of the child. A boy whose misconduct is largely superficial might be given the minimum period of proba-

tionary care, but a delinquent whose conduct is the result of deep-seated habit cannot be remade in a short time.

7. Results of Probation.

The theoretical basis for probation is sound. Many English reformers, on the other hand, have opposed probation on the ground that it left the individual in the environment in which delinquency was produced. They have overlooked the fact that confinement in an institution places the child in an environment in which every associate is a delinquent. The life of the average individual must be spent in a constant series of inter-relations with his fellowmen and requires innumerable readjustments. Probation affords the child an opportunity to make adjustments under superior guidance and supervision. It is a species of re-education in the social grouping in which the normal man works and lives.

Probation is cheaper than institutional care, but cheapness does not justify the system if the results cannot be defended. In order to retain a place in our system of child care it must prove both its inherent and its relative worth. Its disciplinary values must produce positive results in reducing delinquency and restoring individuals to habits of normal behavior. Unfortunately probation must be judged actually by its results rather than by its theoretical possibilities.

Statistics on the results of probation have very little value. We need to know what has become of the juvenile delinquent after he arrived at the age of majority. How many vagrants, mendicants, inefficient workmen, social misfits, as well as penitentiary convicts, have been recruited from the army of juvenile delinquents? Even though the probationer is discharged "with improvement," has a vital change in his social attitudes actually been made? Evidence on these points is meager and not altogether reassuring. Certainly the sanguine claims made for past probation work cannot be substantiated.

The proportion of children brought into court a second or third time is one indication of the weakness of the juvenile court

program The older records for Chicago showed that approximately one-third of the delinquent boys and one-fifth of the girls had appeared in court more than once. The latest figures of the Children's Bureau based on statistics for 1932 from sixty-eight courts throughout the country yield an identical figure, as is shown in the following statement: "In one-third of the boys' cases and about one-fifth of the girls' cases the children had previous court experience either in 1932 or in a prior year" ¹ These facts indicate that conditions over a period of nearly thirty years have shown but little change

More damaging than the figures showing the percentage of repeaters in the courts are the conclusions of the Gluecks in their study of juvenile delinquency They found that, at the end of a five-year post-treatment period when the mean age of the children was twenty years and eleven months, 88 per cent of the group continued misconduct after treatment, and that over 60 per cent of the total number were convicted of serious offenses ² These figures include every type of treatment, institutional as well as probationary.

Probation may not justify the present claims of its enthusiastic proponents, and yet be superior to the methods that it has transplanted From this point of view it undoubtedly is justifying the faith that has been reposed in it The need is not a return to institutional care with its inevitable taints and undesirable associations but a more effective probation system. Nowhere are the standards of probation actually met Salaries are frequently too low to attract competent well-educated men and women, a large percentage of the officers are still untrained for the work, political manipulation continues to cast its dark shadow over the selection of an efficient personnel. Furthermore, the number of probation officers is entirely insufficient to meet the needs of the thousands of children placed annually in their care.

¹ United States Children's Bureau, *Juvenile Court Statistics*, Publication No 226, 1932, p 36

² Glueck, Sheldon and Eleanor, *One Thousand Juvenile Delinquents*, pp 151-153

A second reason for the failure of probation to attain hoped-for results is the lack of efficient cooperation on the part of the so-called character-building agencies in planning and guiding the daily routine of the probationer. Since the development of normal behavior is a process, not an isolated event, a continuous program of reeducation is necessary. To develop the plan satisfactorily, the wholehearted assistance of these agencies is required. Often, however, they exhibit so much caution and aloofness in participating in the constructive plan for a delinquent that their efforts prove quite unavailing.

8. Probation in Rural Communities.

Although the juvenile court has been extended to many rural communities, a probation system has not always followed. Usually the number of cases coming before the court in such communities is too small to justify the continued services of a probation officer. Accordingly one of several methods of meeting the situation must be devised.

In many counties the work with children has been combined with adult probation, thereby insuring the full-time employment of a probation officer. In other communities it has been integrated with that of the attendance officer and in certain districts it has been attached to the office of the county relief agent. In a number of states the county superintendents of public welfare are empowered, if appointed by the juvenile court judge, to serve as probation officers. In other communities responsible men and women are still serving as volunteer probation officers or are supervising the cases of particular delinquents. The part-time public official is not usually successful. Either the official doing probation work must have a full-time job, part of which is devoted to probationary work, or the responsibility must be given to private individuals or private agencies.

The Juvenile Court Standards included the following recommendations¹ "In rural communities it is often desirable to

¹ United States Children's Bureau, *Juvenile Courts at Work*, p. 256

combine probation work with other types of social service. The form of combination will vary according to the local conditions and needs. The probation officer, however, should not hold any other office in relation to the court, nor with the prosecuting office, such as police officer or sheriff. Reporting of probationers to a central office is not usually practicable and a considerable use of volunteers may be necessary. These workers should be carefully selected and be under the supervision of a paid officer. There should be strict accountability to the court of all officers, paid or unpaid. Adequate means of transportation should be provided."

Officials, such as jailers, sheriffs, and police are found in practically every county, but these, according to the best thought, should not be allowed to serve as probation officers. Their attitudes are not likely to be constructive and they probably would do more harm than good. Nevertheless the commitment of rural children to institutions, because no suitable method of probation has been established, justifies considerable experiment in the finding of responsible individuals, either public officials or private citizens, for the work of supervising the occasional delinquents found in rural districts.

9. Probation and Foster Care.

When a child must be rescued from his own home because of the viciousness of that home or its immediate surroundings, it is often desirable to place him with relatives or in some other well-chosen foster home. Otherwise institutional care becomes the sole alternative. Foster home care is practically a form of probation. Owing to the fact that supervision must be given almost entirely by the foster parents, this form of treatment must be confined to comparatively mild cases of delinquency or to types that are peculiarly the product of a particular environment. Whenever possible, placement with relatives is desirable because home ties are partially preserved and the reaction on the parents is apt to be favorable.

Foster home care requires the selection of unselfish couples

who understand children and have mastered the art of discipline. Usually some child-placing agency or its equivalent must find and investigate homes available for this purpose

More than one-half of the states empower local courts to commit children to duly accredited private agencies organized for the care of neglected and delinquent children. In several states, including Massachusetts and Virginia, the placement of delinquent children in private homes is handled by state agencies. In Massachusetts it is done through the division of child guardianship of the state department of public welfare and in Virginia through the state children's bureau. In New Jersey the plan has been tried out through the state board of children's guardians. In many states, however, local courts on their own initiative commit children to child-saving agencies.

Delinquent children may be placed in any one of three types of homes—free, wage, or subsidized. Since many of the children are of working age, a system of placement on a wage basis has some possibilities, but precautions against exploitation are always necessary. In many communities the subsidized home is very popular, for example in Los Angeles where at one time as many as 1,076 children have been recorded as living in boarding homes. Although not a system that can absorb a great many children, foster home care for certain types of delinquents is superior to any other.

10. State Control and Supervision.

As in the case of other forms of welfare work, juvenile probation except in the smallest states began as a decentralized system, every community doing its own work according to its own plan. Gradually as the value of probation was appreciated but its shortcomings noted, efforts were made to standardize all juvenile court procedure at a level that insured efficiency. A significant step in this direction was the development of some plan of state supervision.

In the case of several of the smaller states and of Utah, which appoint, employ, and compensate the probation officers, the

control is both direct and complete. Furthermore in Delaware the system applies both to urban and to rural work. This plan, however, is not feasible for most of the states, hence other methods must be substituted. The functions of the state in respect to the standardization and improvement of juvenile court work, according to the White House Conference, include the following items: ¹

Education of the public as to meaning, causes, and resources for the treatment of delinquency.

Assisting local organizations in the selection and training of juvenile court workers

Advice to local workers required to deal with difficult problems.

Provision of specialized service and demonstrations of successful work through recreation, school, and probation

Improvement and standardization of records

Financial assistance to the poorer counties to enable them to develop a better program.

State supervision or control is now provided in twenty-one states, but the form varies greatly from state to state. In several states as in California and Illinois, the welfare departments exercise this supervision. In these states a state supervisor of probation gives his entire time to a program of supervision, which includes many of the items detailed in the foregoing chapter. In New York the Division of Probation labors through its director of probation to promote better juvenile court legislation, to gather statistics, to inspect the local probation work, and to encourage greater efficiency. Alabama exercises a degree of control through its system of state aid. So far it is the only state that has made a plan of this type.

QUESTIONS FOR ADDITIONAL STUDY

- 1 Why were public probation officers not employed at once?
- 2 What are the particular weaknesses of the probation system?
- 3 Discuss methods of assigning cases to probation officers
- 4 What social agencies should be used by the probation officer?
5. How can state supervision be made more efficient?

¹ White House Conference, *The Delinquent Child*, p. 334.

SELECTED REFERENCES

- Chute, C L, "Progress of Probation and Social Treatment in the Courts,"
in *Journal of Criminal Law and Criminology*, May-June, 1933
- Glueck, Sheldon, *Probation and Criminal Justice*, 1930.
- Glueck, S, and Glueck, E, *One Thousand Juvenile Delinquents*, 1934.
- Haynes, F E, *Criminology*, 1930, Chap 7, "The Juvenile Offender."
- Healey, and others, *Reconstructing Behavior in Youth*, 1929
- Johnson, F, *Probation for Juveniles and Adults*, 1928
- Moran, F A, *New Light on Juvenile Courts and Probation*, National Conference of Social Work, 1930
- National Commission on Law Observance and Enforcement, No 9, *Report on Penal Institutions, Probation, and Parole*, 1931
- National Probation Association, *Annual and Special Reports*.
- United States Children's Bureau, Publication No 80, *Probation in Children's Courts*, 1921.
- , Publication No. 121, *Juvenile Court Standards*, 1934
- , Publication No 141, *Juvenile Courts at Work*, 1925.
- , Publication No 193, *The Child, the Family, and the Court*, 1933.
- , Publication No. 226, *Juvenile Court Statistics, 1932, 1935*.
- Van Waters, Miriam, *Parents on Probation*, 1927.
- White House Conference, *The Delinquent Child*, 1932.

CHAPTER XXV

DETENTION HOMES AND TRAINING SCHOOLS

1. Detention Homes.

The detention home is a temporary shelter for the child about to be brought into the juvenile court. Although children are sometimes committed to the home for a short period of time, this function of the detention home is not in accord with the best juvenile court practice. The chief types of delinquents in need of detention are children whose home conditions are such that immediate removal is necessary, children who are runaways, children whose parents cannot be trusted, children who are beyond the control of their parents, or who have committed serious offenses, or who must be held as witnesses, or who need to be held for observation.

In many of the larger cities spacious detention homes have been erected, each capable of holding fifty or more children at one time. Among the largest homes are those of San Francisco and Los Angeles. The juvenile court standards applying to detention homes are chiefly as follows: ¹

The juvenile court should control its policies, including the admission and release of children.

Children should be segregated by sex and type.

There should be proper provision for isolation of children and for medical care.

Facilities for study of the child's health and mental condition should be provided.

Both school and recreational facilities should be provided.

Opportunity should be given for the observance of religious duties.

Effective supervision should be maintained.

¹ United States Children's Bureau, *Juvenile Courts at Work*, Publication No 144, p 253

Neglected and dependent children if placed in a detention home should be separated from the delinquents. For all types the period of detention should be as short as possible. Therefore social investigations should be made promptly and court hearings be frequent. Unless exceptional conditions prevail, no child should be held without a court order longer than the time necessary to obtain such order. Some detention homes approach their problem from the health standpoint and as soon as the child is received give him a physical and a mental examination. Among girls venereal disease is often a serious problem demanding prompt and skillful attention. Cases of this type may be detained for a considerable period of time, with the result that the average length of stay in the detention homes is much above that of detention homes which do not handle this type of case.

Boston has a unique plan of detention. For many years it has preferred private home care to institutional care in the handling of apprehended children. Accordingly it has developed a boarding home service and sends children who must be detained to these homes. Boys and girls are cared for in separate homes and usually not more than two children are accepted in a particular home at one time. The homes are originally selected by the Boston Children's Aid Society and it also continues to supervise them after children have been received. A modest compensation is paid the home for the care of the child and the aggregate cost of this method of care is comparatively moderate. The factor that has made this experiment possible is the cooperation of a standard child-placing agency. Without the aid of such an organization, the undertaking could not be successful. However, under certain conditions other courts may be quite justified in the occasional use of a private home for the detention of a child awaiting a court hearing.

Children are often detained in other places than the officially designated detention homes. Among the agencies to which they are often sent are police stations, county jails, city jails, child-caring institutions such as the shelters established

by home-finding societies, the House of the Good Shepherd, and other private institutions, also the matron's quarters at city or county jails. Since detention homes are a part of the juvenile court system, older children in states that make sixteen the upper age limit for juvenile delinquency are regularly detained in jail or police station, often for a considerable length of time. In such cases there is no organized group or judge directly interested in removing the child from the place of detention as speedily as possible.

In general the detention home system is still far from satisfactory. Standards are not maintained. In many cases children are kept too long and are not properly segregated. The educational program at best can only be makeshift, and an adequate program of physical care is usually impossible. It is a great improvement, however, over the system that it displaced.

2. Training Schools for Delinquents.

a Types Eligible for Institutional Care.

Under certain conditions delinquent children must be given institutional care. The types that need to be committed to training schools are chiefly the following.¹

Children whom the local community through its varied social resources has failed to adjust

Children whom probation has not benefited

Children who proved unsuccessful in foster homes

Children in need of special observation

Children who for special reasons must be removed from their local community

Before the establishment of the probation system, discrimination such as that implied in the preceding paragraph was impossible. Every variety of delinquent child was therefore sent to an institution. Inevitably some of the results proved disastrous. Many judges, particularly those in the rural communities, still send to the state training schools children who should be handled

¹ White House Conference, *The Delinquent Child*, p. 298

differently. Gradually, however, it is being recognized that the ordinary mild case of delinquency should be placed on probation and that exceptional cases, such as children fitting into the foregoing categories, may properly be sent to institutions.

b. Evolution of Institutional Care.

The first institution for juvenile offenders in the United States was opened in New York City in 1825. This was soon followed by others in Boston and Philadelphia. They were operated under private management but in some cases received financial aid from state or municipality. They were originally known as "Houses of Refuge"—a name that has clung until recently to many similar institutions throughout the country. Private control also persisted in certain of the eastern institutions; for example, the Philadelphia Training School at Glenn Mills is still administered by a private board of directors.

The first state institution of this type was the Lyman School for Boys established at Westboro, Massachusetts, in 1847. Soon thereafter other states made similar provision for delinquent children and several cities established separate institutions. The attitude that prevailed throughout the nineteenth century was an outcome of the classical school of crime. These delinquent children had deliberately chosen the wrong path and must now be reformed. Therefore many of the institutions assumed the name "Reform School." However, when the connotation of this term reflected an antiquated psychology, other terms were substituted such as "Industrial School" or "Vocational School," but in recent years even these expressions have been abandoned for terms that merely announce the fact of an institution or night-and-day school. Examples are, McKinley Home for Boys, El Retiro, State Home for Girls. In spite of change in name, the institutions of the country represent practically every stage in the evolution of the principles of child care and development. In certain sections an enlightened progressive attitude prevails; in others the repressive methods of old still dominate.

The number of institutions for delinquent juveniles had risen in 1900 to 65. Several of these, however, were under private management. In 1923, according to the United States Census, there were 145 such institutions, 79 for boys, 56 for girls, and 10 for both sexes. In 1933 the state institutions alone, as reported by the American Prison Association, numbered 111, several of which were for both sexes. Every state now has at least one institution for juvenile delinquents, but provision for colored delinquents is still inadequate. In a few states there are separate institutions for Negro children, but in others there is accommodation neither at the regular state school nor elsewhere.¹

There is usually a marked difference between the state and the local institutions. The former receive the more serious offenders from all parts of the state and some of the minor offenders from the rural districts. The latter are intended largely for cases not eligible or acceptable for probationary care but not sufficiently conditioned in mal-behavior to justify commitment to the state institution. Problems of behavior and programs of work therefore differ, and the larger population of the state school increases the gravity of its educational and administrative problems.

Everywhere school boards have been forced to grapple with the problem of the incorrigible and truant school child, but the only successful way, since compulsory education laws require the schools to train the child, seems to be through the operation of truant or parental schools. As a consequence in many cities such schools have been established and children committed to them. Since the school involves detention, commitments must be made by the courts. The operation and control of the school, on the other hand, remain with the school authorities. Although parental schools are still being operated, the present trend is rather in the direction of a system of classification according to which the schools agree to handle non-institution cases but

¹ United States Children's Bureau, *Institutional Treatment of Delinquent Boys*, Publication No. 228, p. 8.

yield control of institution types entirely to the courts and their related agencies.

3. Private Institutions for Problem Children.

In dealing with delinquency, private effort is greatly handicapped. The rules and regulations prescribed by the courts result in a regimentation that is irksome and enslaving. Accordingly little effort is now made by private agencies to handle and train children who would otherwise be eligible for public institutional care. Many private institutions, however, have arisen to meet the needs of children on the verge of delinquency and for whom no adequate training program can be developed in their home community.

Among the private agencies concerned with serious behavior problems are the Junior Republics. The first of these was founded by William George in 1895 in Freeville, N. Y. Since then six other institutions of this type have been established. Usually they receive three types of children, boys who are sent by their parents, boys who come of their own accord, and boys referred by the courts. The principle that distinguishes these institutions from others dealing with behavior cases is the principle of self-government. As far as possible the boys are required to develop their own rules of action, to apprehend offenders against the rules, to hold court, and to inflict such forms of punishment as may seem proper. Agricultural and vocational training is given and every effort made to prepare each boy for a successful return to his community.

The costs of operating a Junior Republic are financed by contributions from three different sources. Parents contribute whenever possible; certain boys sent by the courts may be paid for out of public moneys; the remainder comes from philanthropic contributions.

The House of the Good Shepherd frequently accepts delinquent girls and may be compensated in part for the cost of institutional care. This type of institution has performed signal service in caring for pronounced sex offenders, but has not limited its

intake to this type of girl. Most of the remaining institutions engaged in similar service accept the milder problem cases, for whom they hope to develop a genuine character-building program.

4. Principles of Institutional Care and Treatment.

A technique of institutional care and treatment has gradually developed. Success in handling children depends largely on the extent to which the correct principles have been applied

a. Separation of the Sexes

Although the earlier schools for delinquents accepted both boys and girls, the desirability of separating the sexes soon became clearly apparent. The abnormal development of the sex impulse among a large proportion of these children is sufficient reason for their separation.

The first step in the adoption of the principle of separation was the establishment of separate departments for each sex within the same institution. Communication between the two was then forbidden but not entirely prevented. The total separation of the sexes by means of different institutions became the inevitable alternative. Furthermore the best practice required that institutions established by local communities, the area of which was comparatively small, be separated from each other as far as possible.

Separate institutions entail a considerable duplication of equipment but the gain in results easily outweighs the additional cost. Delinquent girls are so few in number that schools for them must in most cases be comparatively small. Accordingly these institutions are not given adequate attention and are likely to be provided with inferior, politically chosen superintendents. Every institution for the benefit of a particular sex should be placed under the direction of a member of that sex. Men do not make successful or desirable heads of institutions for girls.

b. The Cottage System.

The oldest institutions for delinquent children were built on the congregate plan and afforded little opportunity for individual work. Such a need was of course not recognized. Gradually with a greater appreciation of correct methods of handling children the heads of institutions began programs of individualization.

In an effort to simulate home life and make possible individual contacts between the official and the inmate, institution workers in Hamburg, Germany, introduced the cottage system. This was done in 1833, and in 1856 the State School for Boys at Lancaster, Ohio, was opened. It introduced the cottage plan to the United States. Since then the system has steadily gained in popularity, most public institutions now being built according to this plan. In many cases, however, the "cottages" are so large that the institution really consists of a family of institutions. The writer remembers a visit to one such institution said by its superintendent to be based on the cottage plan. On arriving he found eleven cottages housing a total of approximately 600 boys! Cottages of this size, of course, neutralize any value that the cottage system can contribute to the solution of behavior problems.

The essential features of a cottage plan are: separate buildings for each "family" of children; cottages housing not more than twenty-five or thirty children; a separate house father and house mother for each cottage; a dining room in each cottage, a home life distinct from that of the residents of other cottages; definite parent-child relationships between the individuals in charge and the residents. The personnel of each cottage should consist of mutually congenial children but of different ages.

The high cost of maintenance prevents many modern institutions from constructing an adequate number of cottages, or in case there are plenty of cottages, from employing both a man and a woman to preside. An interesting type of cottage plan is

that of the New York State Agricultural and Industrial School which has planted colonies of children in cottages scattered about over the 1,500 acres of land owned by the institution. Each colony cares for approximately fifty acres of land, and is situated so far from the others as to enjoy a large measure of independent family life. Most of the colonies contain fewer than twenty-five children.

The dormitory system prevails in most of our training schools, but there is a tendency to provide small sleeping rooms, each accommodating not more than three or four persons. Several schools for girls have provided individual sleeping rooms. Many activities cannot be conducted as cottage enterprises but require the cooperation of the entire school population.

c. Physical Care.

Shortly after admission every child should be given a careful physical and medical examination, including the Wassermann test. Individuals suffering from venereal disease in an infectious stage should not be admitted but referred to a hospital. Delinquent children yield a high rate of physical defectiveness. Therefore efforts to correct these defects and to provide the needed dental work are necessary steps in their physical rehabilitation.

Every institution should be provided with gymnastic facilities, outdoor playgrounds, and athletic fields. Strength, desirable attitudes of mind, new habits, and self-control are promoted by exercise, gymnastics, and organized play. A balanced diet and sufficient food are needed to restore to a normal physical condition many of the children who suffer from malnutrition. Depriving a child of food is not a justifiable form of punishment and should never be permitted.

d. Mental and Psychiatric Problems.

So many delinquent children are morons or borderline cases that their association with the mentally normal constitutes a serious problem for the institution management. Therefore

many experts in the field believe that all feeble-minded and subnormal delinquents should be segregated in separate institutions and the training school for delinquent children limit its intake to children of approximately normal mentality. Whittier School for Boys in California adheres rigidly to this principle. As a consequence the average intelligence quotient of the boys in the institution is above ninety—a fact that influences greatly the success of the constructive program.

If children have not been examined in a child guidance clinic, the psychiatric service of the institution should be utilized to discover the peculiar personality defects and complexes from which the delinquent may suffer. This psychiatric service is most important, but in order to produce most successful results the following essentials must be provided.¹

Sufficient properly trained and experienced professional psychiatrists

A plan which insures the use of the findings

A system of psychiatric social service

A parole or placement service that will make intelligent use of the findings and the transformation wrought in the institution, in the task of adjusting the child to his home community.

e. Discipline.

Probably no phase of the care of juvenile delinquents is more important than the principles of disciplinary treatment. Children's institutions inherited their practices from jails and prisons where corporal punishment was liberally applied. Methods of discipline, however, have greatly improved; nevertheless we frequently hear of brutal forms of punishment inflicted on minors and even on young children. Out of the five institutions studied by the Children's Bureau, only one used corporal punishment and did so infrequently, but in a number of other state institutions visited corporal punishment was still in good repute and in use.

The grading of behavior by means of a credit system is quite universal in these institutions. So long as the earning of credits

¹ United States Children's Bureau, *op cit*, p. 253.

actually builds up character and is not a mere device to secure an early release from the institution, so long the system works well. Some boys recognize that a good rating restores them more quickly to the outside world and enables them to continue the criminal career on which they have embarked. In New Jersey, in order to prevent the system from becoming mechanized, the credit goal is fixed individually for the boys. Differences are made between the brighter and the more retarded boys and sufficient flexibility introduced to do justice to each of the different types.

The disciplinary methods utilized in one well-known institution illustrate the better thought on the subject.¹ In this training school no formal merit or credit system is used but each boy is given a daily rating varying from one to five. The record blank is posted so that each boy may see and know both his rating and that of each of the other members of his cottage. The receiving cottage in which the boys stay for some time after arriving at the institution is not so attractive as some of the others. Boys therefore are expected to qualify themselves for the better cottages. The disciplinary methods consist largely of a deprivation of privileges. Punishment varies from denial of the right to play in a game, to assignment to the lost-privilege cottage. The residents of the disciplinary cottage are required to do the heavy work around the school, such as the road work, digging ditches, and similar forms of physical labor. Their play hours are curtailed and the cottage contains several "quarantine" rooms in which the boys can be completely segregated. Neither corporal punishment nor the withdrawal of necessary food for proper nourishment is allowed. The boy remains in the disciplinary cottage until he indicates a serious purpose to adjust his habits and his thinking to the standards required in the other cottages. Thus the responsibility for his conduct and behavior is thrown directly on the boy himself. Automatically he demotes or promotes himself and suffers or gains the consequences.

¹ *Ibid*, pp. 41-42.

f. Education and Training

Many children committed to our juvenile training schools are disgusted with school and owing to this aversion have failed to make the progress that their mentality justified. The causes of this attitude are numerous and have been mentioned in a previous chapter. The institution, however, faces this problem anew and must find a way to arouse the interest of the child in the educational plan which it presents.

The training program must be based on the background of the child. The failures, the accomplishments, the goals, the environmental handicaps must all be considered and a course of instruction offered by the institution which the child believes is worth while. Furthermore, rigid grading systems must be discarded and children be given an opportunity to advance as rapidly as they can without invidious comparisons with the achievements of others. Nothing is more discouraging than a constant sense of failure and inferiority, few things are more exhilarating and encouraging than a consciousness of success and accomplishment. The White House Conference notes that the "Dalton plan for graded class work is ideally adapted for institutional schools" because it enables the "child to take up regular work at whatever time during the term he chances to be admitted."¹ Supplementing the system of education, intelligent and understanding teachers are prime factors in making the educational program a success.

Most of the institutions for delinquent children, for boys and girls alike, have been established in agricultural communities. Training in agricultural pursuits has been considered not only a health measure but a species of vocational education as well. However, the great majority of children committed to these institutions come from urban communities and will never be fitted for, nor engage in, agricultural work. Nevertheless the experience is helpful and the raising of foods and products for their own use gives these maturing children a wholesome sense

¹ White House Conference, *The Delinquent Child*, p. 311.

of accomplishment Training in certain specialized forms of farming, such as poultry raising, fruit and vegetable gardening, etc., has vocational value

Emphasis on trade training was a characteristic of the earlier educational program of institutions Many boys have committed serious offenses in order to be sent to an institution where they might receive trade training A new situation has developed; trade and vocational education is given in the public schools, trades are disintegrating and jobs are not sufficient for the employable outside of institutions This situation cannot be considered as temporary by any except those who have made no study of the forces that prompt our industrial evolution. The new program of industrial training must therefore consider not only the beneficial effects conferred on the boy or girl in the institution but their relations to the community at large.

Practice and training in a variety of useful trades and occupations are an essential part of the educational procedure. Adequate equipment, in the form of shops, materials, and machinery, should be provided Some varieties of training will prove suitable to boys, others to girls. The training should not concentrate time and attention on a single trade, but should be distributed among a number of skilled occupations Such a plan fits into the industrial needs of the day and will more surely enable a young man or young woman to obtain and retain a position after dismissal from the institution

A system of vocational guidance should form a definite part of the educational machinery The delinquent child to a greater extent than any other needs aid in making a wise and satisfactory choice Although girls should be taught the essentials of successful home-making, their vocational needs and possibilities must also be given definite and adequate consideration. Vocational service cannot cease with the work in the institution but must also assume the form of placement and supervision; else much of the effort expended on the child will have been lost.

g Religious Instruction.

Regardless of the religious views of an institution superintendent, a program of religious instruction is an important part of the process of individual readjustment to community thinking. In public institutions as a rule such instruction is regularly given. In some places both a Protestant and a Catholic clergyman are employed; in others arrangements are made with representatives of the various denominations to visit the institution and to conduct services and give religious instruction. Frequently the superintendent supplements the work of these chaplains with additional ethical and religious exercises.

The religious work of the institution chaplains does not always meet the deeper needs of the child. Much of it is superficial in character and does not attempt to apply religion to the daily life of the child. Successful instruction should result in an appreciation of spiritual values and in the development of a plane of social living that will benefit a community.

h. Special Activities.

The reeducation program must include many special activities such as sports of various kinds, musical training, dramatics, debating, the use of library facilities, Scout work, handicraft, and literary development. Although some of these activities are channelized for the child, many are dependent entirely on the initiative of the individual. The institution band should not stand for irksome periods of daily practice but should represent an aggregation of eager and joyful youngsters anxious to demonstrate their developing talents. Dramatics and debating bring out qualities that otherwise remain unobserved, and other activities lead to the self-expression that satisfies the emotional nature of the child. Scout troops and other self-governing organizations develop the principles of associated life and give certain opportunities for adventure. Frequently the peculiar skills and aptitudes of individuals are most easily discovered through the extra-curricular activities.

5. Population of Institutions.

The great majority of delinquents are placed on probation or returned to their homes, but a significant minority are sent to institutions. The number of juvenile delinquents in public institutions, federal, state, county, and city, for the year 1933 is given in the following table ¹

ITEM	TOTAL	MALE	FEMALE
In institutions Jan 1, 1933	30,496	21,312	9,184
Admissions during year	25,329	18,807	6,522
Discharges	27,339	20,070	7,269
In institutions Dec 31, 1933	28,770	20,224	8,546

These figures have value not because they indicate numbers of delinquents but because they give a picture of the ebb and flow of delinquency cases through our institutions and of the comparative number of boys and girls. It will be noticed that in this table the ratio between the sexes is hardly four to one.

The figures for 1933 also show that of the total number of admissions to these institutions, Negroes formed 21.2 per cent, or slightly more than twice the delinquency rate for the white children. The rate for the Mexicans exceeded that of the whites by 50 per cent. In 87.9 per cent of all cases the commitments were either for an indeterminate period or until the children are twenty-one years old. The indeterminate commitment is preferred because the general policy of the institution is to retrain rather than to punish the children.

Less than 7 per cent of the children were committed under twelve years of age, only 5.6 per cent were over eighteen, and the modal age of commitment was fifteen. Many of the children had previously committed some delinquency, some had previous institution experience, and many had been on probation. Altogether 39 per cent had a history of juvenile delinquency. These facts indicate that institutions for juvenile delinquents are regularly confronted with problems that require their utmost ingenuity to solve.

¹ United States Bureau of the Census, *Juvenile Delinquents*, 1933

QUESTIONS FOR ADDITIONAL STUDY

1. Why should detention homes be kept small?
2. How can the number of detention cases be reduced?
3. What are the advantages and the disadvantages of the parental school?
4. Have state institutions been generally successful?
5. What are the chief objections to the credit system as employed in correctional institutions?

SELECTED REFERENCES

- Barrett, Robert S., *Fifty Years' Work with Girls, 1883-1933*, 1933
- Dobbs, H. A., "Institutional Care for Delinquent Children," *Ann. Amer. Acad.*, Vol 151, September, 1930
- Healey, William, "Juvenile Detention Homes," *Ann. Amer. Acad.*, Vol 151, September, 1930
- Reckless, W. C., and Smith, Mapheus, *Juvenile Delinquency*, 1934.
- Reeder, R. R., *Training Youth for the New Social Order*, 1933
- Reeves, Margaret, *Training Schools for Delinquent Girls*, 1929
- Robinson, L. N., *Penology*, 1921, Chapter on "Institutions for Juvenile Delinquents"
- United States Bureau of the Census, *Juvenile Delinquents, 1933, 1935.*
- United States Children's Bureau, Publication No. 141, *Juvenile Courts at Work*, 1925
- , Publication No 228, *Institutional Treatment of Delinquent Boys*, 1935.
- United States Office of Education, Bulletin 10, 1928, *Industrial Schools for Delinquents.*
- Van Waters, Miriam, *Youth in Conflict*, 1925
- White House Conference, *The Delinquent Child*, 1932.

CHAPTER XXVI

MEASURES OF CHILD PROTECTION

In dealing with the problem of juvenile delinquency, it is necessary to consider the two important phases of preventive work—the protective and the educational. The former requires legislation, law enforcement, and the effective service of certain social agencies; the latter, the continuous and persistent work of the enlightened home, the schools, churches, and character-building agencies in general. Each is important and essential to the success of the project.

1. Contributory Delinquency Laws.

The purpose of a contributory delinquency law is to place some responsibility on the adult who contributes to the delinquency of a minor. The adult may be the parent or some other individual. Sometimes the parent is directly responsible for the truancy, thievery, assault, or other offense committed by the child. Again a junk dealer may buy lead pipe from boys whose only opportunity to possess such pipe comes from the systematic plunder of cellars and vacant houses. He too contributes to the delinquency of the boys.

A contributory delinquency law should provide that any adult who contributes to the delinquency of a minor under a certain age is guilty of a crime and is punishable under the law. Considerable latitude in respect to the penalty should be permitted. Fines might range from purely nominal sums to \$1,000, and provision be made for imprisonment in the county jail for a period not exceeding one year. The judge should be permitted to suspend the sentence provided the guilty party complies with the conditions imposed on him by the court, or to require the misdemeanor to pay a small part of the fine or serve several

days in jail as a grim reminder of his duties, and suspend the remainder of the sentence

Colorado was the first state to enact contributory delinquency legislation, but now many states have followed its lead. Many provisions of the various laws are comparatively similar but they differ widely in scope and method of enforcement. In some states laws apply only to the larger cities. The English law of 1908, although inspired by American legislation, is far more drastic than its model in that it provides that parents may be compelled to pay fines, damages, and costs charged against delinquent children and give security for the behavior of their children

In many states the jurisdiction over the offenses committed under the law is placed in the criminal courts. This plan is not satisfactory and yields decidedly inferior results. The conventional trials are carried on with the conventional hit-and-miss attitude on the part of the judges and the prosecuting attorneys. As a result little is done either to develop adult responsibility or to safeguard the child. The right plan gives the juvenile or domestic relations court the responsibility for handling the case. As a rule the same court that has jurisdiction over the child who has been made delinquent should have jurisdiction over the adult who was responsible. If the juvenile court can handle both problems, an effective bit of protective work may be accomplished. At best, however, it has been difficult to enforce our contributory delinquency laws, particularly in cases of parental delinquency, since even the juvenile courts have not always shown enthusiasm in this respect. A more alert public opinion is needed to give vitality to these laws.

2. Age of Consent.

By age of consent is meant that age after which, if a girl consents to sex relations, the man involved cannot be prosecuted for rape. The purpose of an age-of-consent law is to protect immature and ignorant girls against sexual exploitation. Under common law the age was fixed at twelve years, a girl of that

age being presumed to be fully aware of the meaning and the possible consequences of her act. Statutory law in certain cases fixed the age at ten and in Delaware it formerly stood at seven! The Ohio Supreme Court once decided that a certain girl of eight was sufficiently aware of the gravity of her conduct that the charge of rape made against the man might be dismissed¹. The growing recognition of the helplessness of the average girl under the laws that prevailed and the judicial decisions handed down gradually led to legislative campaigns, particularly by women, to raise the age of consent.

The laws of the various states still differ widely, the age limits ranging from ten to eighteen years and in one state to twenty-one. According to the Children's Bureau the age limits fixed by the various states at the time of its investigation were as follows: 26 states fixed the age at eighteen; 20 states at sixteen; 4 at some lower age level¹. In several of the states, however, in which the eighteen-year minimum has been established, the law contains a nullifying clause to the effect that girls over sixteen must prove that they were previously of chaste character. Since the burden of proof is on the girl, it becomes difficult to make a case and therefore the law, as far as it relates to the older girl, is practically inoperative.

Age-of-consent laws are not properly correlated with other protective measures such as the legal age of marriage or the age when common-law marriages may be allowed, and in some states the age of consent is actually from two to four years higher than the age when a boy and a girl may cohabit and call themselves husband and wife. This curious anomaly interferes seriously with the enforcement of the law. Prosecution under the age-of-consent laws should be placed under the jurisdiction of the juvenile court. In the adult courts the girl has little chance for redress and convictions are entirely too few.

The wide dissemination of sex information and the freedom of young women make the eighteen-year limit at the present time too high to serve the purpose for which the law was orig-

¹ Publication No. 145, *Laws Relating to Sex Offenses against Children*, pp. 4-5.

inally intended. Since it is well known that girls are no longer ignorant of sex matters, it has become practically impossible to convict any man, in case the girl is over sixteen years of age. An important deviation from the typical law is that which provides for a greater punishment as the age of the man increases and that of the girl decreases. The unmarried feeble-minded girl should be protected regardless of age.

3. Disciplinary Work of the Schools.

Recognition by the schools that problems of behavior must be faced and solved rather than turned over to other agencies has added a new department to school activities. Instead of expelling a boy from school as the old-time boards of education were wont to do, the boy is merely transferred to a special class or school. The semi-delinquent or problem child is a source of irritation in the classroom and frequently demoralizes the entire class or makes normal activities impossible. The desirability of segregation is clear but the method of treatment is not so certain.

a. Special Schools or Classes.

The first special school for truant and insubordinate children in the United States was established in Philadelphia in 1898. Later the city abandoned the school and segregated disciplinary cases in special rooms in the regular school buildings. The movement spread to the larger cities, in many of which some plan of segregation was adopted—either the special class or the special school. A. O. Heck, in his study of 736 cities, reports that 24 had special schools in which children were detained both day and night, and 41 had special day schools or classes for truant or disciplinary cases.¹

A child is transferred to the special school on the order of the principal or the superintendent of the school which he has attended. In the special school he is not reminded of his behavior traits or problems but is merely required to fit into the

¹ White House Conference, *The Delinquent Child*, p. 120

school routine. The curriculum is adapted to his needs, the number of children in the class is limited, and the school is under the direction of a specially trained teacher. Under these conditions many children lose their anti-social characteristics and become tractable and well behaved. As soon as they are ready the children are returned to the local school from which they were sent. There they may again continue their school work.

Some doubt has been expressed by the White House Conference as to the usefulness of these schools or classes. In its report we read, "Their existence, moreover, postpones the day when adequate facilities for the study and treatment of behavior problems shall be provided" ¹ It also cites the plan begun in Chicago according to which two schools have been established to which are sent various handicapped and problem children. By this plan a child who is a behavior problem may actually be found in a class for the physically handicapped or the backward and retarded. These schools apply the technique used in the child guidance clinic and therefore attempt to discover the underlying factors that determine the behavior of the children. Such experiments are laudable but they do not obviate the necessity of the disciplinary school or class; they do point out the desirability of preventive work at the earliest possible moment.

The disciplinary class represents a necessary stage in the evolution of the treatment of behavior problems. Not until public opinion is favorable and a greatly increased school budget is tolerated can we expect to handle behavior problems in their earliest infancy. Meanwhile systems of segregation must be carried out and constructive methods applied to those children whom environment, home, parents, and other influences have made problem cases.

b. The Twenty-Four-Hour Schools.

The need of a school capable of dealing with the minor problem cases has been expressed in many quarters. Perhaps the California law providing for twenty-four-hour schools adequately

¹ *Ibid*, p. 120.

illustrates the viewpoint. The law empowers a local board of education to erect schools or institutions where children are to live and attend school so long as the authorities may require. Since it involves the detention of the children, it becomes necessary to discover a method of transferring them without court order. The children eligible to transferral are behavior problems who cannot be given adequate treatment at the special day schools. A special committee of teachers passes on the desirability of the transfer, after which the parents are asked to give their consent. When this is freely given, no inconvenience is caused and the appropriate action is taken. If the parents object, the law provides that the case, if conditions warrant, may be taken to the juvenile court and an order procured for the transference of the child. In practice parents would rather give voluntary consent to such action than have the child sent to the school by order of the court.

The program of the twenty-four-hour school is intended for children who would otherwise gravitate into the juvenile court. The school hopes to reach them first and to prevent their actually becoming delinquency cases.

4. Child Guidance Clinics.

Child guidance clinics have been introduced to assist the courts, social agencies, and sometimes parents in understanding and dealing successfully with problem children under their charge. They endeavor to understand the personality problems that have developed and seek to discover their roots. The causes may lie in mental abnormality, endocrine disorders, conflict, physical conditions, emotional complexes, inferior home conditions, or other unfavorable home or community influences. In a standard clinic the staff consists of a physician, a psychologist, a psychiatrist familiar with the problems of children, and a social worker trained in psychiatric social work.

The clinic studies children who are feebleminded, abnormal types requiring hospital care, chronic delinquents who are psycho-pathological, and frequently other types of behavior

problems. Cases are referred to it when the agency dealing with them concludes that psychiatric needs have developed but is not familiar with the definite symptoms nor the causes. A study of the case is made by each of the four types of specialists and the results tabulated. Each discovers conditions and symptoms that the others could not unearth, but together they are able to construct a complete picture of the inner life of the child and of the forces that conspired to make him a problem. Frequently it requires hours if not days to complete the diagnosis. To be able to understand and explain behavior, however, does not imply capacity to deal effectively with the problems that the child may present.

Child guidance clinics attempt to handle some cases directly. In order to do the work efficiently they endeavor to limit their intake rigidly. They realize that a program of reconstruction cannot be fulfilled except after months of patient work. In many cases all efforts are futile because the condition of the child cannot be corrected.

Other cases are reported to the referring agency with the diagnosis and recommendations. Comparatively simple suggestions can be carried into effect by the social workers of the agency but the more difficult forms of readjustment may require the services of the psychiatric social worker or at least a worker with training in psychiatric social service. On the whole the personality defects that these problem children present are so elusive that a high percentage of failure must be expected.

The longer the experience with child guidance clinics, the more apparent becomes the necessity of preventive work. Complexes, fixations, and emotional disturbances can more easily be prevented than relieved or removed. The clinic becomes a demonstration as well as a service agency. Its chief task, says Dr. Stevenson, an authority in this field, "is the education of the community in matters of mental health and the mobilization of its resources to this end" ¹

¹ Stevenson, Dr. George S., "When Shall a Community Establish a Child Guidance Clinic," *Mental Hygiene*, Vol. XII, pp. 493 ff.

There is no standard form of administrative control of child guidance clinics. Much depends on the philanthropic organization of the city in which the clinic is established. In St. Louis the clinic is under the municipal department of public welfare; in Minneapolis, under the Board of Education, in Cleveland, under the Community Chest. Perhaps the purpose of a particular clinic should determine its connection. Clinics serving a special group, for example, school children, should be connected with the appropriate special agency, clinics engaged in a community-wide service should be operated by a public department or the Community Chest, clinics engaged in demonstration work only should be supported from special funds, preferably a foundation.

In several states, notably Massachusetts, New York, and California, traveling clinics operating either under state auspices or under state-wide private agencies bring the opportunities of psychiatric and child guidance service to the smaller communities. The number of clinics has increased rapidly since 1923 when the first one was established. In 1932, according to the Social Work Year Book, psychiatric clinics numbered 593, but of these only 31 were "full-size" child guidance clinics. Nevertheless marked progress has been made in a period of twelve years.

5. Coördinating Councils.

Soon after the World War, August Vollmer, then chief of the Berkeley, California, police department originated a plan whereby the cooperation of citizens and social agencies was secured in reducing juvenile delinquency. The organization formed under this plan is known as a coordinating council. Responsibility for the sponsorship of such a project does not rest on any particular man or group, but the juvenile court and the probation officers are the natural agents for its development. Although the primary task of a probation department is the care and supervision of the cases referred to it, second only to this obligation is that of promoting preventive work in the community.

In a large city the plan necessitates the establishment of a council for each district or area, that brings the schools, the public officials, and the private social agencies together. The more homogeneous the district, the greater the likelihood of success. A local council consists of representatives of service and business clubs, of character-building agencies, churches, police, probation officers, and may include representative citizens as well. The various councils are organized together into a larger council which prepares the general plans of work and represents the council before the public.

The program of a council has been well stated by leaders in the movement as follows: ¹

1. To conduct studies, surveys, and conferences in order to discover the individual children, groups of children, and areas needing attention by private and public agencies

- a. This information is turned over directly to the agencies best equipped to meet the needs revealed

- b. The problems of individual children are studied by a group of officials and representatives of case work agencies and referred to the proper agency for adjustment

- c. Plans for character building and leisure time programs for individual children are made by a group representing character-building organizations.

2. To stimulate the local community through representatives of civic and community organizations

- a. To face their responsibility for community conditions affecting the lives of children

- b. To work with the officials and social workers in order to make the community a better place in which to live

This program is intended to inspire a community to deal directly with its own problems instead of turning the task over to general agencies which are, as a matter of fact, incapable of dealing effectively with local situations. In the case of a child or a group of children that manifest serious symptoms of mal-adjustment, an appropriate committee studies the issue and

¹ Scudder, Kenyon J., and Beam, Kenneth S., *Who Is Delinquent?* Published by Rotary Club of Los Angeles

makes recommendations. The plan is then put into operation through the local agencies and officials unless an outside group can do the work more effectively. In this way a community becomes acquainted with its plague spots and with whatever foci of infection may exist. It can then take positive steps to eliminate them and to replace these sinister influences with constructive work.

Additional results that may be expected to flow from the work of coördinating councils are the extension of facilities for character development to the underprivileged, the enlargement of the character-building program, the hearty cooperation of many social service groups in a program for the problem child, and the enlistment of many citizens of the community for common action against the destructive agencies and influences responsible for the problems created. Neither the social worker nor social service agencies working separately are able to modify conditions among the underprivileged. But a considerable body of an aroused citizenry can soon effect changes. Any movement that utilizes intelligent and interested volunteers is certain to modify public opinion and secure results.

6. Suppression of Anti-Social Recreations and Salacious Literature.

Reference has been made in a previous chapter to the need of controlling commercial picture shows and dance halls. Children and young people need to be protected against stimuli which, owing to the youth of the person exposed, almost inevitably produce demoralizing consequences. Likewise the obscene literature which today is published in such large quantities needs to be suppressed and its manufacturers and distributors properly punished. The task in connection with each of these projects is exceedingly difficult, but the effects of the work of these purveyors of vice register with thousands of children and often condition them for patterns of behavior that are distinctly contrary to public policy and are detrimental to individuals directly.

7. Adjustments by Visiting Teachers.

The visiting teacher has likewise been discussed and described in another part of this book, but a reference to her work is required here in order to give the student a more rounded picture of the protective program. Many of the maladjustments reported to the visiting teacher do not involve behavior but are concerned with problems of another type. On the other hand, the child who is a behavior problem represents a large portion of the visiting teacher's work and her success is largely measured by the efficiency with which she solves some of these problems. Since personality defects and perverted attitudes are conspicuous characteristics of the problem child, the visiting teacher trained in psychiatric social service is peculiarly adapted to the task of reconditioning the child and reorganizing his behavior patterns. This work, while done under the leadership of the expert, cannot be completed without the cooperation of the individual and the groups that form the daily associations of the child. Marked success has been achieved by visiting teachers in improving the conduct of children about to be transferred to special schools, and in reducing the proportion of children brought before the juvenile court. The number of trained workers in this field, however, is still so small that the possibilities of this type of work have not yet been revealed.

8. Protective Agencies.

The Big Brothers and the Big Sisters represent two organizations, the efforts of which are directed toward the prevention of delinquency. Gradually they have learned the desirability of dealing with the problem child rather than with the outright delinquent. As a consequence they have referred to them from various sources adolescent boys and girls who are badly in need of the ministrations which they are able to give.

The usual plan consists of the acceptance by an adult of one or two children for guidance and aid. After becoming acquainted with the child, the Big Brother or Sister quietly surrounds the

child with constructive influences of many varieties, such as connecting the child with some useful club or agency, directing him to new forms of recreation, discovering more congenial companions, planning vacations, suggesting interesting but wholesome reading, entertaining him or his friends on special occasions, and serving as a frequent companion to the child. The philosophy of this movement rests on the theory that behavior is the outcome of habit and therefore the destructive forces that have become dominant in the environment of the child must be eliminated and character-building influences substituted. Accordingly the interested adult strives to bring such stimuli to bear upon the child as are likely to develop normal behavior.

Policewomen, juvenile bureaus in police departments, and girls' protective societies also engage in various types of preventive work. Policewomen by answering fake advertisements and pretending to accept positions that would have led girls into delinquency are able to eliminate many sources of contamination. They also aid in supervising commercial amusements such as parks, dance halls, pleasure gardens, and other exciting recreations. Often they assist in making cases against houses of prostitution and other irregular resorts. They discover gathering places where young women become infected with the virus of delinquency and take such protective measures as may be needed.¹

The juvenile bureaus of police departments strive to deal constructively with problem cases of both boys and girls coming to their attention. The girls are usually turned over to the policewomen, but for the boys a new type of protective official is emerging—a policeman whose functions consist of protective work, which often takes the form of coopération with the boy's parents in an effort to work out a solution of his troubles.

Girls' protective societies are engaged in case work or in community service. In either case they endeavor to prevent delinquency. In one city the Big Sisters and the Girls' Protec-

¹ See Bogardus, E. S., *The City Boy and His Problems*, pp. 110-126

tive Association carried on a joint work for many years and maintained both a community program and a system of case work for problem girls

Many other agencies such as social settlements, institutional churches, and other members of the so-called character-building group of social service organizations must occasionally engage in specific forms of protective work, but in most large cities the burden rests particularly on the agencies created for the special purpose.

QUESTIONS FOR ADDITIONAL STUDY

1. On what principles is the concept of adult delinquency based?
2. How far should the juvenile probation department engage in protective work?
3. What important contributions are made by child guidance clinics?
4. What type of person should be selected for Big Brother or Big Sister?
5. How can social settlements assist in the protective program?
6. Investigate methods of dealing with salacious literature.

SELECTED REFERENCES

- *Ann. Amer Acad.*, "Post-War Progress in Child Welfare," Vol. 151, September, 1930.
- Blanton and Blanton, *Child Guidance*, 1927.
- Bogardus, E. S., *The City Boy and His Problems*, 1926.
- Bowler, Alida C., *Experiments in Preventing Juvenile Delinquency*, National Conference of Social Work, 1934.
- Culbert, Jane F., *The Visiting Teacher at Work*, 1929
- Lee, Porter R., and Kenworthy, M. E., *Mental Hygiene of Social Work*, 1929.
- McClenahan, B. A., *The Changing Urban Neighborhood*, 1929.
- Odencrantz, Louise C., *The Social Worker in Family, Medical, and Psychiatric Social Work*, 1929
- Russell Sage Foundation, *Social Work Year Book*, 1935, Articles on "Psychiatric Clinics," "Visiting Teachers," etc
- Scudder, Kenyon J., and Beam, K. S., *Who Is Delinquent?* 1934, Published by the Rotary Club of Los Angeles.
- Stevenson, George S., *The Child Guidance Clinic, Its Aims, Growth, and Methods*, in Proceedings of the First International Congress on Mental Hygiene, 1932, Vol. II, pp. 493 ff.

Thom, D. A., *Everyday Problems of the Everyday Child*, 1927.

Thomas, W I , *The Unadjusted Girl*, 1923

United States Children's Bureau, Publication No 143, *Child Management*, 1925

—, Publication No. 145, *Laws Relating to Sex Offenses against Children*, 1925

—, Publication No 193, *The Child, the Family, and the Court*, 1933

White House Conference, *The Adolescent in the Family*, 1933

Williams, Frankwood (editor), "Social Aspects of Mental Hygiene," *Ann. Amer. Acad.*, Vol 149, Part III, May, 1930.

PART VI

DEPENDENCY AND NEGLECT

CHAPTER XXVII

DEPENDENCY AND NEGLECT

1. Definitions.

A child is dependent if he is thrown on the public for support; and neglected if he is destitute, homeless, abandoned, dependent on the public for support, habitually begs or receives alms, is found in any house of ill fame or with any vicious or disreputable person, or is suffering from the depravity or cruelty of his parents or other persons in whose care he may be. Although these are typical definitions of the two classes of children, it will appear at once that the dependent child may be included under the second type. The definition for the neglected child is also very similar to that frequently given for the juvenile delinquent. Dependent and neglected children are not separated by hard-and-fast lines, nor are the neglected and the delinquent. They are all members of a series with the dependent and delinquent groups at the extremes.

2. Classification of Dependent Children.

Among the dependent children of a community are a group consisting of the crippled and the deformed. Although their number is not large, accommodations for their care is frequently lacking. They, even more than other groups of handicapped children, tend to become a grievous burden to their parents and often are the victims of neglect. A small percentage is entirely curable; others may be made self-supporting; the remainder need to be provided with proper medical and educational facilities.

A second class includes illegitimate children, foundlings, and abandoned infants. Society has very unjustly charged such children with the blame for their ignoble birth, and their entire

lives are often spent under the handicap of such a terrible injustice. These infants deserve every consideration given to the legitimate child, and equal provision for their care should be made.

A third group of children consists of that large number who for various reasons are partly, if not completely, dependent on society for support. Many are orphans, others are dependent owing to the desertion of father or mother or to the separation of parents, others are handicapped by parental incompetency and incapacity for self-support. A related type is the child who suffers from the physical, mental, or moral neglect of his parents or of the community in which he lives.

The most hopeful group is that large army of children whose homes have been broken by the death or permanent incapacity of their fathers but whose mothers are fit persons to guide and rear them. Some children are dependent on public aid for very short periods of time only. The parents are out of work; the medical bills are too large; a new baby incapacitates the mother; conditions require a temporary break-up of the home, or some other cause operates to necessitate a program of temporary care.

3. Factors Involved in the Background of Dependency and Neglect.

The factors that are responsible for shifting the dependency of children from the shoulders of parents and of others legally responsible for their support to the good-will of the public are inter-related with the fundamental organization of our economic and social structure. As a consequence they cannot be isolated nor even adequately classified. Many factors operate to produce both adult and child dependency, while others affect children alone or solely.

a. Parental Conditions.

The parental conditions of dependent children, although not the most important consideration, are nevertheless significant

factors Reports received by the Federal Children's Bureau from 66 juvenile courts indicate that out of 17,001 cases of dependency and neglect coming before those courts in 1932 and for whom the parental conditions were noted, the proportions belonging to each group were as follows:¹

<i>Parental Condition</i>	<i>Percentage</i>
In own home	75
With both parents	27
With mother and stepfather	2
With father and stepmother	1
With mother only	29
With father only	15
In other family home	19
In institution	4
In other place	2

These figures show that 75 per cent of the cases were living in their own homes with one or both parents, and that in the remaining one-fourth they lived elsewhere. They do not, however, indicate to what extent family ties were actually broken. Information on this point is given by the figures based on 16,764 of the cases reported in the previous table. The marital status of the parents of this group was as follows.

Parents married and living together	28 per cent
One or both parents dead	25 per cent
Parents separated	37 per cent
Parents not married to each other	10 per cent

In view of the figures cited, the seriousness of parental conditions must be quite evident. Children may be living in their own homes, but if the homes are broken the children often do not receive the care and guidance they deserve, or the surviving parent may be unable singly to carry the family burden. The large percentage of parents who are separated is an indication of personality conflicts of which the child has been the innocent and unhappy victim. It is also significant that one-tenth of the

¹ United States Children's Bureau, *Juvenile Court Statistics*, Publication No. 226, pp. 42-43.

parents of these children were not married to each other. In other words, one-tenth of the children were born out of lawful wedlock.

b. Accident and Disease.

The death or incapacitation of one or both parents is due to certain causes, of which the following are the most important: tuberculosis, maternal mortality, accidents, both industrial and non-industrial, heart disease, pneumonia; and occupational diseases. According to the best estimates, each year industrial accidents cause 14,000 children to be fatherless.¹ Other accidents are even more prevalent than industrial accidents and likewise take their toll of men with families, but the percentage of children made motherless or fatherless in this way cannot be approximated. That many orphans and half-orphans are the result of 80,000 fatal accidents annually to men and women cannot be doubted.

Each year approximately 13,000 young married women die from complications caused by childbirth. Not only are the same number of infants left without a mother but thousands of brothers and sisters as well. This endless cause of broken homes is the more tragic in view of the fact that maternal mortality, as shown in a previous chapter, could be largely prevented.

Although tuberculosis is less important as a cause of death than formerly, it still ranks first among women between the ages of fifteen and forty-five. Each year thousands of mothers die of a disease which likewise has yielded to the persistence of our public health program and which could be practically eliminated. The rapid increase in the incidence of heart disease among women of child-bearing age depends on causes too elusive to hope for an immediate change in trend. But attention to the increasing gravity of this problem might at least halt the movement

Among men the chief causes of premature death are tuberculosis, accident, pneumonia, and heart disease. Progress in

¹ White House Conference, *Dependent and Neglected Children*, p 145.

respect to the first two causes has been rapid and consistent but has not reached its practical limits. Many industrial accidents are entirely inexcusable, while automobile, street car, and railway accidents can be perceptibly reduced. In addition to the general living conditions that aggravate heart disease in women, men suffer from other aggravating causes such as long hours in industry, exhausting work, and intemperance. Industrial reorganization which will safeguard the health of the workers will greatly lessen the physical debilitation that favors the onset of disease.

c. Unfavorable Industrial Conditions.

The chief cause of dependency among children is identical with the chief cause of adult dependency. The income of the average family under the most favorable conditions does not permit of extraordinary expenditures. In case of sickness requiring considerable hospitalization or a surgical operation, the family may be forced to spend its entire savings and borrow additional sums. The sickness of a working member of the family is the more serious because income is diminished and expenditures increased. The Committee on the Costs of Medical Care, after a five-year study of the problem of medical care, presented some of its conclusions in the following table: ¹

	SERVICE PER 1,000 INDIVIDUALS IN FAMILIES HAVING INCOMES		SERVICES NEEDED
	Under \$1,200	\$1,200-\$2,000	
Home, office, and clinic calls	1,931 9	2,045 9	5,649 5
Cases hospitalized	59 4	52.4	107 0
Days of hospital care	927 9	666 7	1,384.7
Health examinations	83 2	68 0	941 9
Number per 2,000 Illnesses			
Cases hospitalized	74 0	65 1	121 2
Cases having laboratory service	51 7	61 6	581.7
Prenatal or postnatal calls	6,939 0	7,230 0	19,360 0

¹ Committee on the Costs of Medical Care, *Medical Care for the American People*, p 8

The Committee also discovered that the percentage of individuals receiving no medical, dental, or eye care, according to the income groups was as follows:

Under \$1,200	46 6 per cent
\$1,200 to \$2,000	42 2 per cent
Over \$10,000	13.8 per cent

The figures in the first table show how far short of standard care the groups having an income of less than \$2,000 per year actually fall. In respect to several items, the lowest income group is favored over the group immediately above. This group receives considerable free service, while the second must depend on its own resources. The lack of medical service is a serious problem among the underprivileged and adds greatly to their dependency.

In spite of low incomes, most families make serious efforts to care for their children. Interruptions of income, however, frequently lead to the necessity of temporary provisions for the philanthropic care of one or more of the children. Inability to guard against the menace of irregular employment or unemployment and the decreasing trade life of the average worker in the industries, involving heavy physical labor, such as coal mining, the steel industry, automobile manufacture, lumbering, stone cutting, and building construction, are a serious menace to economic security, and endanger the prospects of adequate care of the children in the homes of the workers affected. The increasing use of machinery will continue to displace human labor, much of which under the present predatory form of economic organization cannot possibly discover new avenues of service and must remain permanently unemployed. The chief wage-earner of many a family, feeling secure in the possession of a well-remunerated position, suddenly discovers that labor-saving machinery has robbed him of his job, and unless he re-educates himself for a new position—often a difficult process—his hopes for a continued program of normal and wholesome living disappear. Tragedies such as these result in dependent

children in great numbers and account in part for the revolt against the extended use of new machinery. The remedy, of course, is not in the abandonment of machine production but in the drastic reorganization of the industrial system.

d. Intemperance.

Before the advent of national prohibition, intemperance was the outstanding cause of child neglect. Certain societies for the prevention of cruelty to children rated alcoholism as a factor in approximately one-half of the cases. Wherever prohibition was enforced, neglect was less common and outright cruelty comparatively negligible. The increase of drunkenness among the masses and the respectability that threatens to attach itself to a drunken condition will again, unless curbed, lead to an enormous increase in the number of neglect cases. An added danger is the development of intemperate habits among women of the economic classes that in former days abstained rigidly from any use of intoxicants.

e. Sex Irregularities.

The irregular and indiscriminate sex relations practiced by mentally and socially incompetent men and women are responsible for many cases of neglect. In its special studies of neglected children the Federal Children's Bureau reported that "more than one-fifth of the children removed from their parental homes were from households where one or both parents were reported as immoral." The Bureau finds that nearly ten per cent of all cases of dependency and neglect reported by the leading juvenile courts are brought into court because the children were "living under conditions injurious to morals."¹

In view of the fact that the great majority of this group of children are dependent rather than neglected, it appears that a very large proportion of the children charged with neglect must have lived under conditions injurious to morals. As is well known, many of the parents of these children have contented

¹ United States Children's Bureau, *Juvenile Court Statistics*, 1932, p. 44

themselves with common-law marriage, while others live together without any pretense of marriage.

f. Parental Inadequacy.

The mental incompetency of many parents leads easily to physical, medical, and moral neglect. The child suffers from the stupidity and the negligence of his parents and quickly degenerates. Malnutrition and lack of medical care soon lead to serious physical conditions or defects. It is probable that in more than one-third of the neglect cases brought into courts, a condition of physical neglect characterized the child. Whatever the reason for attempting to give judicial protection to a child, either physical or moral, neglect is probably one of the conditions from which the child suffers. The high cost of health coupled with the reputed magic of various nostrums often stand in the way of physical normality. Furthermore the superstitions of parents frequently interfere with a proper program of child care. So long as adults with low intelligence are allowed to become parents, so long conditions of child neglect may be expected to prevail.

Neglect may be due to deliberate paternal irresponsibility. In recent years the feeling has grown that a mother has an equal responsibility with the father in the support of their children. The unhappy consequences of this attitude are the frequent refusals of fathers to accept any responsibility and an increasing of the burden on the mother. When the situation becomes too tense, the mother rebels and forces paternal responsibility. This act, however, tends to complete the process of family disorganization and permanent separation of the parents.

Many parents do not appreciate the importance of wholesome associations and the dangers of pernicious contacts. They, therefore, allow their children to beg for special spending money, to frequent gambling places, to sleep away from home, to appear on the stage, or to sell papers at an early age. They even accompany their children to performances that brutalize and demoralize a child. A decreasing number of parents are guilty

of outright cruelty such as kicking, beating, or severe corporal punishment, but among the foreign-born and native whites of low intelligence these forms of brutality continue to linger.

Whether it is dependency or neglect, at all times the twin evils of poverty and ignorance dominate the situation. Until economic security is assured to all and opportunity given for a development of personal attitudes and habits that will make the individual more considerate of others, these problems of child welfare will remain. Although case work with the individual may solve many personal problems, nothing less than a broad community program can deal effectively with fundamental causes.

4. Number of Dependent and Neglected Children.

So large a proportion of the American people have become temporarily dependent that any estimate of child dependency becomes comparatively worthless. No one knows whether prosperity such as that which favored this country before 1930 can return without a significant economic reorganization that will require many years to complete. The industrial depression has increased the load of all child-saving agencies, but much of the actual burden is being carried by federal funds directly. As a consequence the amount of child dependency as distinguished from adult and family dependency has been effectually obscured

a. Number of Children Receiving Aid.

The gradual increase in the amount of dependency as illustrated by New York may be taken as a sample of changing conditions throughout the country. In that state children may be cared for in institutions, in foster homes, or in their own homes. The change in the number of children handled over a series of years by philanthropic agencies is shown by the following figures.¹

¹ Foster, James H., and Axel, Robert, *Volume, Distribution, and Cost of Child Dependency in New York State* Published by New York State Department of Social Welfare. Gives facts and figures for 1931.

<i>Year</i>	<i>Number Given Care</i>
1916	45,820
1921	65,000
1931	108,592

In 1931 the number of dependent children averaged 86 3 per 10,000 of the population. The range, however, varied from 12 8 in one county to 126 5 in another. No significant relationship between the rate of dependency and the size or density of the county population was found by the investigator. Two-thirds of the dependent child population of the state came from New York City, and the rate for this city was nearly twice that of the remainder of the state.

In no other state has the volume of child dependency been investigated. The public agencies may now carry the major part of the burden but private agencies are still handling so many dependent children that no conclusions would have value if the returns from these agencies were omitted.

The figures given by the White House Conference practically represent the pre-depression status of child dependency in this country. It reported the existence in 1930 of approximately 1,600 institutions for children and 400 child-placing societies and agencies caring for 287,000 children.¹ Meanwhile the system of mothers' aid has been rapidly expanding. According to the Children's Bureau, on a specific day in 1931, 253,298 children were the beneficiaries of the mothers' aid system. If these cases are added to the children receiving institutional or foster-home care, a grand total of more than 500,000 dependent children is reached. These estimates represent conditions in the years 1930-31 and may be considered the normal load of child dependency that this country has been compelled to carry from year to year.

The extraordinary conditions of the depression have naturally increased the amount of child dependency. The United States Bureau of the Census presents the following figures relating to the number of children given philanthropic care on Decem-

¹ White House Conference, *Dependent and Neglected Children*, p. 26.

ber 31, 1933. The figures do not include mothers' aid cases nor children otherwise cared for in their own homes, nor the many dependent children still found in almshouses, in institutions for delinquents, and perhaps in other institutions ¹

	NUMBER	PERCENTAGE
Children under care	292,397	100
In institutions . .	140,352	48 0
In free foster homes . .	31,538	10 8
In boarding homes	66,350	22 7
In work or wage homes	4,689	1 6
Outside institutions or foster homes	49,468	16 9

It appears that the number of children benefiting from mothers' aid allowance reached a peak in 1931, and since then, owing to the decrease in the amount of public funds available for the service, it has gradually declined. In spite of this decline it is apparent that more than 500,000 children were, at the beginning of 1934, being aided by agencies specializing in child welfare work. The actual number of dependent children has risen much above this figure, but the family relief program instituted by the federal government has obscured the amount of child dependency by merging it into the figures relating to dependency as a whole.

During the year 1933, 119,646 children were discharged, the majority of them to parents or relatives. Legal adoptions accounted for 4.9 per cent of the total. The proportion of children receiving each particular type of care seems to vary widely from state to state. In thirty-five states more than one-half of the dependent children were cared for in institutions. Boarding homes now constitute nearly two-thirds of the foster homes, but in several states free homes are still comparatively popular.

b. Number of Children Born Out of Wedlock.

Fairly definite information is now available in respect to the annual number of children born out of wedlock. Although the

¹ United States Bureau of the Census, *Children under Institutional Care* (newspaper release), September 3, 1935.

majority of these children do not gravitate to the social agencies, so large a percentage must be cared for by others than their parents that an estimate of the volume of illegitimacy is important.

In 1932 all of the states with the exception of three included figures on illegitimacy in their annual birth statistics. The figures show that both the number and percentage of illegitimacy are gradually increasing. Among the whites the rate in 1921 was 1.4 illegitimate births per 100 living births. In 1932 it had risen to 2.07. The rate has been consistently high for the Negro population. The figure reported for the registration area in 1921 was 12.5 per cent of all Negro births, but in 1932 the corresponding figure was 15.7 per cent.¹

The actual number of cases of illegitimacy reported by the Bureau of the Census for the year 1932 was 74,505. Since the facts for an area comprising approximately one-eighth of the population of the country are not included, and if some allowance is made for the race distribution of the people in the states making no reports, the number of illegitimate births in this country in 1932 may conservatively be estimated as at least 84,500. Of this number approximately 39,000 were white and nearly all of the remainder were Negroes. The number among the Mexicans, Orientals, and Indians is still comparatively small. Although the illegitimate birth rate is high in nearly every European country, strangely enough the rates among the foreign-born population in this country are much below those of the native white population.

Illegitimacy is less common in rural than in urban districts, but the apparent disparity is partly due to the practice of country girls going to the large cities for confinement. Rates in our cities would be greatly increased if the practice of abortion were prevented. In a very large number of cases the young women of the city are able to conceal the natural effects of their indulgences by having abortions performed. A very large proportion

¹ The registration area of the former year did not include the entire United States and therefore the comparisons do not include exactly similar areas.

of these operations are performed on young unmarried women. The less sophisticated girl from the rural areas does not patronize this method of escape from an obligation, and therefore increases the percentage of illegitimacy charged against the rural districts.

Illegitimacy in rural areas leads less often than in the cities to the necessity of interference by child-caring agencies. It is so often the result of illicit relations between lovers that actual marriage frequently follows—marriage not coerced by the courts but entered into freely by the parties themselves. In the cities personality difficulties usually prevent an automatic solution of the problem, and as a consequence many cases are referred to the appropriate social agencies for care and guidance. There are, however, no figures showing the percentage of children born out of wedlock who become the beneficiaries of social agencies.

QUESTIONS FOR ADDITIONAL STUDY

1. Why has the city more dependents than the rural areas?
2. What is the cause of the decline in the number of foundlings?
3. Investigate the percentage of broken homes among non-dependent children.
4. What forms of neglect are disappearing?
5. What efforts are being made to prevent industrial accidents and occupational disease?
6. Study the progress in the development of adequate medical care.

SELECTED REFERENCES

- Breckinridge, S. P., *Children of the Depression*, National Conference of Social Work, 1932
- Child Welfare League of America, *Child Dependency in the United States*, 1933.
- Committee on the Costs of Medical Care, *Medical Care for the American People*, 1932
- Encyclopedia of the Social Sciences*, Vol. 3, 1930, "Dependent Children," by H. W. Thurston; "Neglected Children," by C. C. Carstens
- Thurston, H. W., *The Dependent Child*, 1930
- United States Bureau of the Census, *Births, Stillbirths, and Infant Mortality*, annual reports (give statistics on illegitimacy).

United States Bureau of the Census, *Children under Institutional Care* (newspaper release), September 3, 1935.

United States Children's Bureau, Publication No. 209, *Care of Dependent and Neglected Children*, 1932.

—, Publication No 226, *Juvenile Court Statistics, 1932*, 1935.

White House Conference, *Dependent and Neglected Children*, 1933.

CHAPTER XXVIII

PROBLEMS AND PRINCIPLES OF CHILD SAVING

Methods of caring for dependent children have varied. For many years the care of children in institutions was considered the correct plan. Eventually the child-placing agency with its program of home care demonstrated its possibilities. Accordingly among child workers two schools of thought arose, one advocating the superiority of institutional care, the other the advantages of foster home care. Efforts were finally made to harmonize these differences.

1. General Principles of Child Care.

In 1899 the National Conference of Charities and Corrections adopted a report which ended the strife and set forth the principles of child-saving on a permanent basis. These principles are restated in the report of 1906,¹ and an elaborate exposition was published in the report of the White House Conference in 1909.²

a. Principles Asserted at the White House Conference of 1909.

The principles concerning which there was substantial agreement among the social workers called together by President Theodore Roosevelt are the following:

- (1) Preservation of home ties wherever possible.
- (2) The paramount importance of preventive work
- (3) The superiority of the foster home as a substitute for the natural home.
- (4) The adoption of the cottage plan for institutions
- (5) The incorporation of child-caring agencies.
- (6) State inspection of the work of child-caring agencies.

¹ National Conference of Charities and Corrections, 1906, pp 87-89.

² *The Survey*, February 20, 1909

(7) Education in institutions as part of the public educational system

(8) The keeping of adequate records.

(9) Physical care

(10) Cooperation among child-caring agencies.

(11) Undesirability of legislation by states so as to handicap the placing out of children from other states

(12) The need of a national association for the care of dependent children.

(13) A federal children's bureau (established in 1912)

These principles as far as they applied were reiterated by the Washington Conference of 1919 and again by the White House Conference of 1930. The latest Conference, however, added the Children's Charter and set forth additional standards as follows: ¹

Mothers' aid should everywhere be available, and should not be niggardly.

The needs of children born out of wedlock, for good care and education, are the same as those of other children.

Every effort should be made to meet the needs of Negro, Mexican, Puerto Rican, and Indian children.

A juvenile protective agency either public or private should be established in every community.

All workers among the dependent or neglected, attempting to make the delicate necessary adjustments, should be specially qualified by experience, training, and skill for this work

Systems of social insurance should be established to lessen the burden of child dependency.

Further efforts for the prevention of child dependency should be made.

b. Importance of the Home.

In American civilization the home is regarded as an institution fundamental to our social progress. Social work contends that no home should be broken for poverty alone. At any time the breaking up of a home is a serious act and justifiable only under exceptional conditions. Experience and observation have shown that no adequate substitute can be found for a child's

¹ White House Conference, *Dependent and Neglected Children*, pp. 47-50.

parents. The frequent problems that a stepfather or a stepmother bring into a home clearly illustrate this fact. The home is the primary group, responsible largely for our social attitudes and values, for the cohesiveness that social groups exhibit, and for individual contacts under beneficial influences. Any social action therefore which destroys the original home life of a child must proceed carefully and must expect to find an adequate substitute.

On the other hand, the state cannot afford to permit a child to suffer such neglect that he will grow up into an incompetent or anti-social citizen or develop a warped personality with its resultant train of evils. It maintains a superior right over children and under certain conditions is justified in removing a child from the home and making other provisions for his welfare. In the majority of problem cases, however, it properly limits its services to supervision and permits the parents to exercise a practical autonomy in the task of guiding and providing for their children. These limits the state does not frequently transcend.

c. Removal of Child from Home or Parent.

Under certain conditions children must receive care elsewhere than in their own or legal home. The orphan frequently is left without a home and usually must be turned over to relatives or to a child-caring institution. On the other hand, in rural districts many families of orphaned children, provided one or two are of working age, manage to continue the household and to live together until all can become self-supporting. Another type is the foundling or abandoned child whose parents cannot be located. The illegitimate child of a very immature mother should not be allowed to remain with his parent, and frequently a second illegitimate child should be removed from the mother and given separate care. Children must also be taken from unfit homes especially if the unfitness consists of brutality, alcoholism, feeble-mindedness, chronic neglect, sexual immorality, or serious personality defect.

The temporary removal of a child from his home is a frequent occurrence. Sickness, temporary incapacity to support the child, accident, desertion, employment of a type making home life impossible, and serious misconduct on the part of the child are justifiable reasons for such procedure. Most of these conditions are subject to change or improvement, thereby giving hope for the reassembling of the family.

d. The Foster Home.

The concept of the foster home has been widened to include homes in which children are legally adopted; free homes without adoption; boarding homes—that is, homes receiving some compensation for the care of the child, wage homes, or homes that pay the child a certain wage. In the case of very small children adoption is frequently possible, but the older the child the less the possibility of this type of disposition of the case. Frequently relatives agree to receive and care for a child. This plan usually means a retention of family traditions and memories, and under certain conditions solves the problem.

The chief purpose of the foster home is to bring to the child the same variety of experiences that he had in his own home. Since the people of the world live in families and their personalities are molded through their family life, the dependent child should not develop in an atmosphere alien to that of the rest of mankind. When he begins to associate with men in the everyday world, his reactions and his appreciation of life's problems are conditioned by his own past experiences. The well-ordered private family home offers the child the best laboratory for preparation for modern social living. For this reason the foster home is preferred to other methods of handling dependent children. Modern institutions are successful precisely to the extent to which they simulate home and family life.

(1) Selection and Supervision of Foster Homes

In order to find suitable foster homes, inquiry must be made through churches, clubs, physicians, teachers, interested in-

dividuals, and through the newspapers and other forms of publicity. The chief facts that should be known about a foster home are the following: the financial status of the family; the make-up of the family—that is, age, sex, occupation, and health of different members of the household; general housing and sleeping conditions; housekeeping and home-making standards; history of the foster parents; intelligence and information of foster parents, education and attitude toward school; moral and ethical standards; church membership and attendance; diversions and community activities; neighborhood influences; temperamental qualities of different members of the household; reasons for wanting a child, reaction of the parents when the aims of the agent are explained to them. Often additional questions relating to other subjects must be asked ¹

The answers often indicate the uselessness of further investigation, especially when they convey unfavorable impressions. The applicant must give a number of references, and persons familiar with the habits and conditions of the applicant should be the recipients of inquiries. Agents should be sent out to interview the applicants in their homes and to collect such other information as may seem necessary.

It frequently happens that children are not adapted to the homes in which they were first placed so that a second placement becomes necessary. This can be avoided only by a most careful selection of the initial home. Success depends upon temperamental and religious considerations as well as upon the physical and moral fitness of the home. Wherever possible children should be placed with families of similar religious tendencies. The child who is old enough to have received religious training necessarily requires this mode of disposition, but small children are not torn from any denominational bias and therefore are not injured by being placed with families of different religious belief from that of their own parents. Denominational considerations are not the most important ones, and must yield when the general

¹ United States Children's Bureau, *The A B C of Foster-Family Care for Children*, Publication No 216, pp 18-19.

welfare of the child is at stake To be placed out in a good home where some other religion is taught is far superior to being placed in a doubtful home that may satisfy the religious requirements of some intolerant agent or institution. Good homes rather than creed form the child's character and develop correct morals.

Another consideration requiring caution is the selection of a child adapted to the particular family home. His physical appearance or racial characteristics may affect the prejudices of the family and his type of mind may be such as to make the new relation unpleasant for both parties. Temperamental harmony is necessary to success Foster parents may be successful with one type of mind and fail utterly with others. Therefore even before a child is placed on trial with a family, these considerations should be emphasized, and unnecessary removals from family to family will thereby be avoided. Parents should, if possible, see the prospective child before he leaves the child-saving agency—a precaution which tends to lessen delays and misfits.

The third step in the disposition of the child is that of placing him in his newly secured home. The head of the home in which the child is placed usually signs a written agreement according to which he promises to treat the child in accordance with the standards required by the society or agency. Among these requirements we generally find the following: to treat him kindly and as a member of the family, to cause him to attend church and Sunday school, to provide him with a public school education, to teach him an occupation that will make him self-supporting, to give him ample clothing both for week-days and Sundays, and to give him proper food and suitable medical attention. Sometimes the agency reserves the right to have surgical operations performed. These agreements can be canceled by the child-saving agency whenever it becomes necessary for the welfare of the child. A limited right of cancellation is also granted to the guardian.

Then follows the supervision of the child in his new home.

This supervision continues until he is released from the control of the society. If the child is adopted by his foster parents, control ceases on adoption. Many children are not adopted at all, and are supervised by the child-caring agency until their majority or until they are sufficiently mature to make further care unnecessary. Agents of the child-caring society must visit the child in his new home and learn of his progress and development. Guardians may become neglectful, indifference to the welfare of the child may arise, or fundamental changes may occur in the family conditions or relations. If any of these developments should occur, the child-placing agency should learn of the facts so that other arrangements can be made for the child.

The children's home societies operating over an entire state have experienced much difficulty in their supervisory work. Frequently they have been unable to give the needed time to the selection of homes, and have had little time for supervision. Therefore they have sometimes depended on the information which they receive from their correspondents in the neighborhood of the adopted children. Placing-out societies are learning that unless the welfare of the child is carefully guarded, the system itself will be endangered. So many homes seek children for selfish reasons that the utmost precautions are necessary. No visitor should be required to handle more than fifty children at one time. Otherwise the children cannot be properly safeguarded.

Supervision is costly, yet the placing-out system is much cheaper than institutional care. Supervision under a state system tends to be more costly than similar service by a private agency, the difference being partly due to the large territory which state agents must usually cover.

Experience has also indicated the need of the following practice in connection with the supervision of children in foster homes; first, visits to be effective should be made quarterly or oftener. Some exception to the rule may be made particularly in the case of very small children under excellent care. Unfor-

unately enough visits are not usually made, and many failures are discovered long after the child has begun to suffer from his uncongenial environment. No doubt many misfits are never discovered. Second, since the conditions that actually obtain cannot otherwise be discovered, visits should be made without previous notice to guardians.

Third, visits must be informal, and the agents must have the opportunity to meet parents and children and to get the actual facts about the treatment of the children. Fourth, written reports made out by the agents should be on file in the office of the society so that the condition of the child may be continuously followed; such reports should cover all the essential details regarding the progress of the child. Fifth, the judgment of the agent should determine the advisability of allowing the child to remain or of requiring his removal. Additional means of securing adequate knowledge of the conditions of the child are also employed. Reports are sent by the teacher of the school attended, by the pastor of the church, by the Sunday school teacher, and by the guardian directly. For the benefit of private child-placing agencies, agents of the state or county in some states also visit children and report the conditions which they find.

(2) Replacements.

Replacements are often necessary. Serious or permanent sickness in the foster home; the arrival of relatives who must be supported; the appearance of hereditary defects in the child; the persistence of personality difficulties; failure of parents to grow up with the child; the discovery of serious moral defects among members of the foster family; failure of the foster parents to deal fairly and cooperatively with the child-placing agency in the joint plan for the child—these are some of the conditions under which children should be removed from the foster home and arranged for anew. On the other hand, neither the agency nor the foster parents should exhibit impatience with a child, but both should give him a fair chance. If after persistent effort or for other valid reasons a right foster parent-child rela-

tionship cannot be maintained, then removal and replacement become necessary.

e. Adoption.

Adoption gives to the adopting parents the rights and duties formerly belonging to the natural parents. Most dependent children are not eligible for adoption, but among those that may be considered eligible are orphans, children of immature unmarried mothers, and very young children removed from homes utterly unfit or unable to care properly for the child. Many children belonging to these groups may, however, be reabsorbed into a family life resembling their own, and under such conditions should not be deprived of the opportunity. If eligible for adoption the child should be carefully studied and an effort made to place him in a home suitable to his physical and mental requirements.

Very young children can most easily be adopted. Parents usually want a child so young that he will not remember the happenings in his original home. Partly for this reason many illegitimate children have been adopted in recent years. The mothers have disposed of them and turned them over to physicians, lawyers, or maternity homes, and, owing to the demand for tiny babies, little difficulty has been experienced in securing their adoption. This system of barter is fraught with perils and should be brought under rigid control.

Adoption should be carried out in accord with certain principles and practices. A full year of supervision should precede the granting of final adoption papers. All adoptions should be ratified by a juvenile or domestic relations court or by a properly organized state department of public welfare. The adopting parent should be at least ten to twenty years older than the child; otherwise genuine parent-child relationships cannot be established. In some states if, within five years after adoption, the child develops feeble-mindedness or some other form of mental defectiveness due to causes antedating his adoption, the child may be returned to the agency from whence he came. If

he has parents living, the names and residence of the adoptive parents should not be revealed to them.

f. Boarding Homes.

The boarding home represents a financial or semi-financial arrangement. Free homes not being available, many child-caring agencies have resorted to the use of a partially compensated home. In city-states such as we find in New England the boarding home has proved a valuable substitute for the vanishing free home. According to the Children's Bureau the types of children for whom board should generally be paid are the following: ¹

Very young children, particularly if the placement is temporary.

Children of a widower who cannot continue his responsibilities

Children suffering from physical or mental handicaps or seriously tainted with a bad heredity.

Normal children who present special conduct or habit problems.

Emergency cases of children requiring temporary care.

The boarding home is able to absorb many children who would otherwise be driven to institutional care. In some cases the attachments formed lead to permanent care by the foster parents. In most instances, however, the child must be content with temporary care and the eventual relinquishment of the relationships which he has established. Nevertheless the boarding home has become an important factor in the child-placing program.

g. The Day Nursery.

The day nursery is intended for children who live in their own homes but who cannot be left at home alone because their mothers must work during the day. The family may be practically self-supporting, but unless the mother's wages are forthcoming the poverty line will soon be reached. Theoretically the day nursery is a makeshift—an instrument which makes it possible for mothers to work in the gainful occupations and

¹ *Ibid.*, pp. 12-13.

neglect their home duties. Their earnings should not be necessary, and the ideal constructive work deals with the problems which if solved would make day nurseries unnecessary. As a method of relief, however, they still have a legitimate place.

Day nurseries were first developed under private auspices in France. The movement grew, and today the nurseries of that country are under the general supervision of the state. In the United States day nurseries have been established in all large cities and industrial centers, but unfortunately are often the pet charity of sentimental philanthropists. They are generally connected with settlements, churches, or charitable societies, and do not ordinarily operate as separate institutions. In a model nursery children are examined by physicians, receive physical care and exercise, are given kindergarten instruction, have ample opportunity for amusement as well as for sleep, and are provided with two meals a day.

Many American nurseries are established in the poorer parts of the city and are apt to be inadequately housed. Frequently also they are badly overcrowded. Since medical inspection is not always adequate, there is much danger from contagion. Again the children are of different ages, making the adaptation of the food to their needs a considerable problem.

The establishment of a nursery frequently tempts women who would otherwise stay at home to make use of the nursery and enter some gainful occupation. Unless precautions are taken and a careful selection made, the real purpose is not served. However, nurseries should improve the physical condition of children, develop higher ideals in the homes, and under present conditions, give needed relief to working mothers. The American Association of Day Nurseries is doing much toward standardizing and raising the ideals of nurseries.

h. Receiving Homes.

In many cases the child-placing agencies, particularly the state-wide agencies, must provide a temporary home in which to hold children pending a permanent plan for the child. Some-

times vicious and unmanageable children must be retained until they become placeable. Fortunately some foster parents are willing to risk this type of child, but generally the opposite is the case. Special institutions for the temporary care of children are needed in a community where the various child-placing organizations have no special provision for such care. Often mothers and babies need to be housed and maintained until other arrangements for their care and support can be made.

i. Institutions for the Care of Children.

The insistence on the part of some social workers that the institution has outlived its usefulness is not justified either by recent experience or by the present-day needs in the field of child care. According to the enlightened view, the child is studied and the subsequent plan depends on the results of the study. Instead of fitting the child into a program, the program is adapted to the needs of the child. Certain children may be better served if they are given institutional care; others if they are promptly placed in private homes.

Many children are dirty, ill-behaved, profane, intractable, and lazy, and cannot be successfully placed in private homes until they have experienced considerable discipline and control in an institution. For such as these the institution becomes a stepping stone in their progress toward a new family or private home. Other children may require the supervision and oversight peculiar to the requirements of an institution. Many children are not placeable or at least are difficult to place. Among these are the feebleminded, the crippled, and children somewhat unsightly, or suffering from some peculiar handicap. For these, vigorous endeavor must be made to remove the handicaps prior to the hope for successful placement in a private home.

(1) The Cottage Plan.

When institutional care of children is provided, the system of housing should follow the cottage plan. Much of the objection to institutions has been occasioned by the abuses and injustices that follow inevitably from the operation of the congregate

system. The large majority of institutions have been established either in cities or in suburban communities where land values are high, and accordingly the amount of grounds purchased has been insufficient to afford the cottage plan. The tendency of new institutions, however, is to build the plant in a location where this plan can be put into operation.

The cottage system at its best is found only in comparatively few institutions in the country. One of these—a Jewish institution located on the Pacific coast—well illustrates the possibilities of the cottage plan. There are six cottages resembling ordinary houses facing the street. Each cottage has its own street number and the boys from a cottage when registering at the public schools give the house number as their address. Many of their playmates are not even aware of the fact that these boys are living in an institution. Each cottage has room for twenty children, ten boys and ten girls. The boys and girls in a cottage must be of different sizes and ages, in order that they may be more like a real family. The children of the “family” do the work about the house, assist in preparing meals and in doing the kitchen work, and together they make many plans for their mutual welfare. These contacts develop the sentiments and the responsibilities that children develop in their own homes. The members of the family receive spending money, attend the public schools, enjoy outside recreations, and, if old enough, buy their own clothes. They eat their meals at small tables in their own cottage. Each of the cottages has a house mother in charge but has no other helpers except her family of children.

A cottage plan such as this furnishes an example of a controlled environment, in which constructive forces operate at maximum capacity and adverse influences are largely eliminated. It not only approximates family life but offers children advantages that many homes do not. The cost of operation exceeds that of the congregate plan of institutional care but the difference in the character of young men and young women produced is immeasurable.

The excellent results produced in a well-conducted institu-

tion organized on the cottage plan has produced a distinct reaction in favor of the limited use of the institution. Community conditions have favored the development of this sentiment. It has become increasingly difficult to find satisfactory foster homes. Although there are many applicants for children, it has not seemed feasible for the investigating agencies to endorse one-half of the homes making these requests. Again replacements have to be made so often that the time and energy involved taxes the patience of the child-placing society. Accordingly many workers welcome institutional care, provided the cottage plan is included in the program of care.

(2) Improvements in Institutional Care.

Certain institutions built on the congregate system cannot afford to change to the cottage plan. However, they have established children's units comprising small groups of children and have made each unit answerable to some particular man or woman. In this way a practical form of parent-child relationship is organized, and the staff members are not collectively the foster parents of all the children. The congregate system must nevertheless constantly resist the tendency to treat children *en masse* rather than as individual personalities.

Institutions are rapidly transforming their programs and the routine of their work. In order that they may fit children into the practical life of the everyday world, they are abandoning such barbarities as uniform dress, marching to dinner or to school, cruel punishments, and a definite routine of daily duties. Freedom is given to enjoy many activities outside of the institutions; company may be invited; groups of children may attend church without enduring irksome chaperonage, and other privileges may be enjoyed. On the other hand, unless institutions faithfully and vigorously promote the individualization of the child they do incalculable mischief.

j. State Supervision of Child Welfare Work.

Problems of dependent children may be handled in a local community by a variety of social agencies including a state-

wide private agency, a local child-placing society, denominational and non-sectarian institutions, child welfare bureaus of family welfare agencies, day nurseries, a system of mothers' pensions, the juvenile court, county or city department of public welfare, and a special board of child welfare. In large cities nearly all of these various agencies or types of agencies may actually be found at work at any given time.

The quality of their work varies from excellent to immeasurably inefficient. Many well-meaning individuals attempt various philanthropies on a small scale but soon discover that the need outstrips the accommodation or the available service. They then appeal for funds but continue their philanthropy on the original level of inefficiency. Many hospitals, maternity homes, and "baby farms" belong to this class. Abuses have arisen not only in connection with petty agencies of this type but also among the well-established institutions. Some form of state supervision and control is therefore necessary to standardize child-saving work, whether performed by private or by public agencies.

In order to make state supervision effective a properly organized state department of public welfare is necessary. Such a department may consist of a single head, as in Illinois; of a board of control, as in Minnesota; of a board of charities, as in Indiana; of a department of public welfare with an advisory board, as in Massachusetts. The work for children may be concentrated in a special division devoted to child welfare, as, for example, the children's bureaus of Minnesota and Virginia.

State supervision and control should also be exercised over the local public agencies. One method consists of requiring all plans for detention homes, jails, local homes for dependent and delinquent children, and almshouses to be submitted to a state department before construction of the buildings is begun. The state department makes suggestions and approves plans but in case it does not approve it usually has no power to enforce its suggestions.

A second plan is more effective—the system of state aid.

Whenever a state subsidizes a local organization for the development of a social service program, it can establish the conditions under which the money shall be granted. If it acts wisely it will require a certain standard of efficiency or the funds will not be forthcoming. In various states old-age pensions, mothers' aid, pensions for the blind, and care of the tuberculous represent systems of philanthropy in which both state and local community cooperate. The bills must first be paid by the city or county organization, and then if the state is satisfied it will reimburse the local organization to the extent provided by law.

2. State and Federal Participation in Child-Caring Program.

The White House Conference emphasized the responsibility of each community for its own welfare needs but recognized that the state should also undertake measures for the promotion or normal life and its preservation. It lacked in enthusiasm, however, for a program of direct state care but would have permitted grants-in-aid from the federal government. However, many social workers are convinced that a greater participation of the state in the direct handling of problems of child dependency is in line with current thought and present needs.

As in the case of family welfare problems, child welfare needs are to a large extent due to conditions that have become state-wide in their ramifications or have assumed a regional character. Therefore the larger areas should assist in facing the issues and should engage in both remedial and preventive work. Local responsibility cannot be abandoned but local communities should not be drained to the poverty level to meet situations over which they have little or no control. The state can well afford to assist them in carrying on relief work but should require them to bear a fair share of the burden.

The state may aid local communities in one of several ways: it may build or organize the philanthropic machinery and utilize it for the benefit of the towns and counties but charge them for the current cost of the service, or it may take local cases and pay the cost of their care directly from the state

treasury. Again the state may share with the local communities the cost of philanthropic service. Among the best examples of this plan are state mothers' aid in Massachusetts and state aid to dependent children in California. Often the state pays part of the cost of institutional care but collects the remainder from parents, guardians, and local governments.

The principle of federal participation in the granting of mothers' pensions was recognized in the Social Security Act enacted in 1935. Concern for the mother with dependent children is thereby recognized as a nation-wide responsibility. Eventually the nation must share with the states and the local governments certain expenditures for one common social welfare. This principle is in accord with our economic and social unity, but meets the obstacle of political subdivisions that have not merged their identities as our economic interests have. Eventually the states' rights, to which many so dogmatically adhere, must give way to a form of political control that corresponds with our economic organization. Both federal and state participation in the adjustment of relief and child welfare problems will then be assured.

QUESTIONS FOR ADDITIONAL STUDY

1. Study minimum standards of living for independent families.
2. What are the chief weaknesses of foster homes?
3. How far is the state obligated to engage in a child-caring program?
4. What are the advantages and disadvantages of local care?
5. How can local community councils standardize systems of child care?

SELECTED REFERENCES

- Child Welfare League of America, *Standards for Institutions Caring for Dependent Children*, 1932
- , *Standards for Children's Organizations Providing Foster Family Care*, 1933
- Doran, Mary S., and Reynolds, Bertha C., *The Selection of Foster Homes for Children*, 1919. Published by New York School of Social Work.
- Gillin, J. L., *Poverty and Dependency*, 1926, Chap. 22.
- Kelso, Robert, *Science of Public Welfare*, 1928, Chaps. 22, 23.
- Murphy, J. Prentice, *Certain Philosophical Contributions to Children's Case Work*, in National Conference of Social Work, 1933.

- New York State Charities Aid Association, *How Foster Children Turn Out*, 1924
- Queen, S A , and Mann, *Social Pathology*, 1925, Chaps 5, 6, 8
- Taft, Jessie, "A Changing Psychology in Child Welfare," *Ann Amer Acad* , Vol 151, September, 1930
- United States Children's Bureau, Publication No. 60, *Standards of Child Welfare*, 1919.
- , Publication No. 136, *Foster Home Care for Dependent Children*, 1929.
- , Publication No. 170, *Handbook for the Use of Boards of Directors, Superintendents, and Staffs of Institutions for Dependent Children*, 1927.
- , Publication No. 177, *The Children's Bureau of Cleveland*, 1927.
- , Publication No 216, *A B C of Foster Care for Children*, 1933
- White House Conference, *Dependent and Neglected Children*, 1933
- Williamson, Margaretta, *The Social Worker in Child Care and Protection*. 1931.

CHAPTER XXIX

SPECIAL PROBLEMS OF CHILD CARE

Several problems of child dependency require a plan of treatment in which the application of the law is an important consideration. The most important of these problems are desertion and non-support, illegitimacy, and cruelty and neglect.

1. Desertion and Non-Support.

Dependency, neglect, and delinquency—each of these may be a result of family desertion or non-support. Failure to provide is an important cause of destitution and a still more frequent cause of distress. Although mother and children may both be left without means of support, the plight of the children is the more serious. Society holds both parents responsible for the support of their children but places the greater responsibility on the father.

Desertion and non-support are forms of family disorganization and in many respects are similar to divorce and separation. However, when they occur no arrangements are made for the care of the family and therefore the problem presents a more sinister aspect than either separation or divorce. Apart from emergency relief, the first step in a plan of treatment should be an attempt to discover whether a reconstruction of the family ties is possible. Seldom is desertion due to conditions for which the husband alone is responsible. If family case work can solve the problem temporarily, efforts should be made to correct the causes and situations that precipitated the act of desertion. The occupational situation of the parents is an important factor in the solution of the problem. Among older couples the wife has little opportunity for remunerative employment and relief

usually becomes necessary. Under these conditions the legal responsibilities of the husband and father need to be stressed.

Whenever it is deemed necessary, the non-support laws should be brought into operation. The laws of the various states differ widely but the uniform law, in an attempt to harmonize the essential provisions of these laws, contains the following very significant items:

The desertion by either parent of children under sixteen years of age, leaving them in destitute circumstances, constitutes a misdemeanor.

Both husband and wife shall be competent witnesses.

Proof that the desertion of wife and children results in destitution is evidence that the desertion is wilful.

The court may order the husband to provide for the support of his wife and children. A violation of this order may be punished as contempt of court.

Punishment consists of a heavy fine or imprisonment at hard labor for a period not exceeding one year.

For each hard day's labor performed by the delinquent husband a certain sum of money shall be turned over to the wife for the support of the family.

Desertion of wife and child was formerly classified as a misdemeanor, but in recent years a tendency has developed to make it a felony. This is due to the erroneous belief that extradition cannot be secured unless the crime is made a felony. Extradition may be obtained even though the crime is classified as a misdemeanor, but the process is difficult and unless special public funds have been appropriated to meet such costs, the wife or the social agencies must pay the cost of bringing the deserter back. When they realize that a penitentiary sentence may be involved, the wives also are reluctant to prosecute. Juries likewise will frequently acquit a man guilty of failure to provide rather than send him to the state's prison.

Ridiculous judicial interpretations of the law may also interfere with the successful treatment of a case. The law, when it declares that a father must not leave his children in destitute or necessitous circumstances, does not imply that the obligation is

met if, after desertion occurs, some social agency cares for the children. Nevertheless a Missouri court declared that a man who had abandoned his children did not leave them in "necessitous circumstances" since the facts showed that the children were being well cared for by some philanthropic organization!

Family and child desertion cases are frequently handled in lower courts which have little comprehension of the social significance of the problem. Usually the cases involving children are the most important and these can be handled with best results by a juvenile or a domestic relations court. They should always be referred to one of these two courts because here the interests of the family will receive first attention.

The deserter is often placed on probation and required meanwhile to contribute to the support of his family. The city of Washington opened the way in 1906 for this method of treatment which has since spread to other parts of the United States. Sometimes the penalty requires a short jail sentence with the right of parole later, provided the deserter pays a specified sum of money regularly to his dependents.

A variation from this plan is that which provides that the earnings of the man in jail or workhouse be paid to the family, or, as in California, that the family be paid \$2 00 per day less the cost of maintaining the man in the institution.

An important obstacle to the apprehension and punishment of deserters is the lukewarmness of the officials in prosecuting the case. The police have actually ransacked a house in which a deserter was hiding and after peering into every nook and corner have returned unable to find him! Prosecuting attorneys to whom the original complaints are made usually attempt a clumsy bit of case work first and "adjust matters," but the adjustment does not last and soon the complaint is repeated. At the trial much sympathy is expressed for the deserter and at best the family gains but little. Not until desertion cases can be handled according to a real socialized plan will the legal aspects of desertion have much constructive value for the neglected family. At present only a small proportion of non-

support cases are brought to the courts and many of these result in failure. Recent efforts in some states to amend the law so that a deserter instead of being arrested can be brought into court on a summons is a move in the direction of socialized procedure, but it is only a beginning. Domestic relations or family courts must likewise develop the necessary procedure rather than be family courts in name only.

Jewish social workers have devised a very successful plan for the apprehension and treatment of deserters. They have organized a national desertion bureau with headquarters in New York City. The names and descriptions of deserters are reported to this bureau which through advertisements, newspaper accounts, and inquiry attempts to locate the deserter. Usually he is found and the fact relayed to the agency originally reporting him. Efforts to adjust the family problems are then made, but if these fail, extradition may be demanded and the deserter brought back for trial and disposition by the court.

2. The Child Born Out of Wedlock.

a. General Considerations.

This type of child presents a challenge that is not easily met. Discord, hatred, and jealousy are frequently so pronounced that simple solutions of the problem are quite exceptional. To begin with, the parents of children born out of wedlock are usually young people. In many communities more than one-half of the mothers are under twenty-one and some are actually under fifteen. The age of greatest frequency is usually eighteen or nineteen. Accordingly the problem concerns a very young mother. Fathers average several years older, but complicate the problem because a considerable number—possibly one-fifth—are married men. Again the unmarried mother is comparatively ignorant and is economically quite helpless. Domestic service still contributes a larger number than any other occupation, but its relative importance is now declining. Often the young woman has been ignorant of the consequences

of her act, but in many cases she has yielded to the appeals of her lover only to discover that his faithfulness was short-lived.

The gravity of the problem in this country is partly due to the prevailing American attitude toward illegitimacy. In many parts of Europe pre-marital sex relations, if followed by pregnancy, culminate in marriage; here similar conduct and results usually separate the couple and prevent marriage. The American approach toward the solution of the problem must be mindful of our social habits and thinking, but should make every effort to remove the artificialities that have crept into our thought and procedure. Sound social work should result in the solution of many cases of estrangement and in the adjustment of others that do not yield to the possibilities of joint family life. All principles of treatment must recognize the preventive aspects of the problem, and therefore efforts must not be limited to methods of care for the mother and child. The responsibility of the father must be included and the effect of the entire program on the public considered.

A legal basis for dealing with the problem is most essential. The Napoleonic Code which forbade inquiry into the paternity of a child born out of wedlock placed the burden of support as well as the obloquy attached to illegitimacy entirely on the shoulders of the mother. The English plan permitted such inquiry in case proceedings were initiated by the mother or the poor-law officials. The principle of guardianship or the right of a child to a father were concepts quite alien to English thought. In this country our laws, while based on English laws, fortunately have advanced beyond the principles that were inherited.

b. The Norwegian Law.

The Norwegian law furnishes a pattern for legislation in this country and elsewhere. Many of its provisions, if enacted into law here, would greatly facilitate the successful treatment of the child born out of wedlock. The leading features of this law are the following:

The status of illegitimacy is abolished and every child is declared to be the legal child of his natural parents

Provision is made for the determination of paternity under conditions more wholesome than in the courts of this country

Following the general principle of Continental law, the putative father, on complaint of the mother, must prove that he is not the actual father.

In case several men confess in court to intimate relations with the mother, during the period when the child might have been conceived, they are jointly held financially responsible for the support of the child

The father is required to pay the confinement expenses of the mother and reasonable sums thereafter for the support of the mother and the child.

Support of the child shall be on the level of the more capable parents.

The child may take the father's name if he so desires

The child may inherit equally with children born in lawful wedlock.¹

c. American Legislation.

The provisions of this law excel the best American laws, but a progressive movement in this country is gaining some interesting results. The uniform illegitimacy bill proposed by the Commissioners on Uniform Legislation is not a model bill but merely represents an effort to bring the backward states into line with the more advanced ones. A total of forty-five states now make definite provision in their laws for the determination of paternity and the obligation of paternal support.

In this country many absurdities are allowed to interfere with efficient legal procedure. For example, the principle *exceptio plurimum concubentium* is generally accepted. According to this principle, several young men may swear to illicit relations with the woman involved, with the result that the court immediately dismisses the case and discharges the defendant. Because all are guilty, none are guilty except the unfortunate mother!

A court trial in this country is an ignominious proceeding. Very few women are willing to undergo the ordeal and suffer the insults heaped on them by loud-mouthed and conscienceless

¹ United States Children's Bureau, *Norwegian Laws concerning Illegitimate Children*, Publication No 31, 1918.

attorneys. The transfer of such cases to juvenile or domestic relations courts would greatly relieve this situation, but unless private hearings are made the rule, serious abuses would still remain.

A nonchalant attitude also gives the man the advantage in most proceedings. The girl should have known better and not permitted any familiarities. There is little thought of the greater offense of the aggressor, since aggressor he must nearly always be by the very nature of sex and its procreative manifestations. Nor have we made more than occasional use of the blood test which in parts of Europe is beginning to serve a very effective purpose.

Two American states—North Dakota and Arizona—have abolished the status of illegitimacy, but in neither state does the remainder of the law make adequate provision for the effective handling of cases. In several states the putative father is considered guilty of a crime and can be brought into the criminal courts. In Massachusetts where this law prevails, considerable success in establishing paternity has been obtained. This success, however, is due in part to the threat of court procedure rather than to the procedure itself. The figures show that in Boston out of 758 cases in which paternal responsibility was accepted, 517 were by agreement and only 241 by court action.¹ In most states civil or quasi-criminal procedure is used and the question to be determined is not one of guilt or acquittal but whether the man involved is or is not the father of the child. If he is, there is no penalty but he is obligated to assist in supporting the child.

One of the best American laws is that of Minnesota, enacted in 1917. It does not leave the decision as to paternal responsibility in the hands of the mother but, when the interests of the public are best served thereby, it empowers local boards of child welfare to take such action as the situation justifies. It assumes that children have a right to practical forms of guardianship and that the state must not wait until a child becomes

¹ White House Conference, *Dependent and Neglected Children*, p. 256

dependent or delinquent before it will interfere. The law provides for generous paternal support and creates a state bureau empowered to assist in handling cases of illegitimacy referred to it.

In many states the right of inheritance has been equalized, that is, the child may inherit from both father and mother. Although this innovation may occasionally result in harm, the universal acceptance of this right is desirable. In some states, in case the child is born out of wedlock, the birth certificate may give no information concerning the father. In two states—California and Massachusetts—it contains no item whatsoever relating to illegitimacy. In Minnesota the part relating to the father must remain blank until paternity has been accepted or determined, after which time the information relating to the father may be entered. This plan is now generally accepted as the best and fairest. In Maryland the mother is required to keep her child for a minimum period of six months. In some states a mother may not give her child away without the consent of some designated public official or department. These facts indicate a great diversity in the laws of the different states and, on the whole, but little effort to bring them into harmony with a progressive program of social service.

d. Social Service Treatment

Judges and lawyers are wont to force the marriage of the parents of a child conceived out of wedlock. The chief advantages of this procedure are: the child is given a name; he has a legal father, the father has accepted responsibility for the child; no doubt exists as to the paternity of the child. On the other hand, the forced marriage seldom lasts and usually does more harm than good. Frequently it leads to a second child. Furthermore it leads to personality clashes and disputes which finally culminate in the disruption of the home. In most instances it is preferable never to begin so tortuous a journey for two young people.

Although the great majority of unmarried mothers never

come to the attention of the social agencies, a system of service should be made available to every case. The pregnant girl should have the opportunity to apply to an accredited agency and receive from it the aid necessary to secure proper prenatal care, hospitalization, determination of paternity, and to make plans for the later support of the child as well as for her own future. A system of guardianship is needed according to which the unmarried mother and her child are given every opportunity to secure justice and a chance to live normally.

It is the custom of many maternity homes to take the baby away from the mother as soon as the child is born. This practice is utterly contrary to the best procedure and should be prevented. Under certain conditions the child may be removed, but as a general rule the best results are obtained by keeping mother and child together for a given period of time at least.

In some states so many babies are given away by their mothers that children born out of wedlock form a majority of the adoptions. In Massachusetts and in Cleveland, Ohio, they form more than 60 per cent of the total, in California, more than three-fourths.¹ Hasty adoptions should be avoided and the mother and father given an opportunity to do justice to each other and to the child. If the attitude of the mother is persistently antagonistic, an eventual removal of the child may become necessary. On the other hand, the case-work program should never lose sight of the principle that the burden of caring for children rests on their parents and not on the social agencies, either public or private.

The Salvation Army and the Florence Crittenton Homes have performed a signal service for young and helpless mothers and are moving forward in their programs for both mother and child. The children's aid, home and protective societies are all engaged in handling cases of illegitimacy and in many cities the agencies interested in the problem have organized a conference on illegitimacy through which they interchange points of view and improve the quality of their case work.

¹ *Ibid.*, p. 267.

e. Preventive Work.

The beginnings of preventive work consist in the enactment of a thoroughly modern code of laws for the control of illegitimacy and the case of mother and child. In addition the following program must be carried out.

All case work must aim to be preventive as well as remedial.

Emphasis through the schools, the church, and the press on right living must be constant and unceasing

Appropriate agencies must teach our adolescent children the broader principles of sex education with emphasis on the essentials of home life and family relations

Efforts must be made to substitute for the cheap and tawdry amusements and recreations of the day, interesting and worth-while forms of pleasure and entertainment.

The feeble-minded, especially women, need to be institutionalized or kept under adequate provision, or sterilized.

More effective work in the handling of juvenile delinquents would tend to reduce illegitimacy.

A changing attitude toward the place of sex relations in the lives of young unmarried persons must be balanced with an appreciation of the sinister effects of anti-social conduct and the menace to the future happiness of the individual that is involved.

Alcohol and intoxication coupled with the enjoyment of some commercial recreations are responsible for many cases of illegitimacy. The elimination of alcohol would greatly reduce the evil.

Practical character-building programs should combine activities with precept or goal, should ground young people in the fundamentals of social conduct and prevent serious deviations therefrom.

3. Neglected Children.

Child neglect is a new concept. When children were the property of their father, they could be exposed to the elements or be maimed or killed according to the whim of the parent. This notion did not die with ancient peoples but within our own country in recent years the principle has occasionally been exemplified. Recent American laws make the child the ward of the state in a new sense of the word. The attitudes and conduct of adults toward children must now meet certain standards; otherwise the child is considered neglected.

a. Typical Cases of Neglect

Neglect takes so many forms that the range of the term cannot be adequately portrayed. The following illustrations, however, throw light on its meaning.

A girl who continually disobeyed her mother had the tips of her fingers burned with matches in order to teach her a lesson.

A boy of eleven was tied to an outside fire-escape and kept there in an uncomfortable position for nearly twelve hours. His father and his uncle, in order to discipline him effectively, applied this form of remedy.

A little boy suffered from nose and throat troubles until they began to affect his hearing. In a few months he would probably have become entirely deaf. The school teachers pleaded with the parents to save the child's hearing but the parents claimed that the boy belonged to them and they would do as they pleased.

A little girl suffered from an infection of the mouth which threatened to lock her jaws so that she would be unable to open her mouth and would be forced to subsist on liquid foods in the future. The parents refused the child proper medical care and would not permit a physician to perform the operation that could restore the child's health.

A girl of eleven appeared on the stage in a series of dances, some of them interpretative, others crude and suggestive.

A small boy was permitted or required by his parents to beg on the crowded streets of a large city.

These are cases of children who, but for the intervention of social agencies, would have been seriously injured physically, mentally, or morally by the cruelty or neglect from which they had suffered.

b. Social Treatment of Neglected Children

The first approach to the problem of individual neglect cases is from the angle of social case work. After emergency protection is given the child, an investigation of the social situation that produced the neglect must be made. The parent-child relationships, the economic and social conditions obtaining in the home, the racial traditions, and the backgrounds and factors in the environment that make for irresponsibility or misbehavior must all be carefully studied in order to provide the basis for a

plan of treatment that will prevent the repetition of parental neglect.

The plan of the agency is then set in motion. Usually it requires cooperation on the part of the parents and a reshaping of parental attitudes toward the function of the state and the rights of children. Often, however, the cruelty and neglect are less wilful than incidental. For example, in the case of the chronic drunkenness of parents, the invariable by-product is neglect of the children. The parents are not deliberately neglectful but they lack a sense of moral responsibility and deserve whatever punishment the law permits. Failure to provide medical service is often due to fear of operations or inability to pay medical bills.

When parents continue in the perversity of their ways, the case must be brought into the courts and the interests of the child permanently protected. Although many cases must be handled in peculiarly individual ways, the courts usually follow one of several orthodox methods of treatment, including punishment of the parents or offending individuals, removal of the child from the home, supervision of the child by either the probation officers or the private societies interested, or an order enforcing the obligation to perform an accepted parental duty, for example the duty to secure proper medical care for a child.

c. Organization for the Prevention of Cruelty to Children.

The first organizations to interest themselves in neglected children were the humane societies. The first of these—the Minnesota Humane Society—was established in 1869. A few years later a certain society, organized at first for the protection of animals only, was asked to come to the rescue when a serious case of cruelty to a child occurred. As a consequence it added the protection of children to its list of duties. Humane societies have sprung up in all parts of the country, some of them confining their work to animals, others including both children and animals. In most of the large cities where humane societies now

exist, it has become clear that the case work applied to animals is so different from that applied to children that the society has been required to choose between children and animals.

Many humane societies have also been established in the smaller communities, their chief concern, however, being animals and not children. The White House Conference estimated that there were between 400 and 500 such societies in the country but that in only two of these did children's protective work play a large part in the program ¹

In a number of states and cities, societies have been organized for the specific purpose of preventing cruelty to children. Chief among these are the societies of New York City, of Pennsylvania, and of Massachusetts. In some communities, as in Los Angeles, juvenile or children's protective societies have been formed with functions similar to those of the eastern societies, but attempting a somewhat larger program. In other cities children's aid organizations ostensibly engaged in child-placing work have added child protection and prevention of cruelty to their list of activities.

Societies for the prevention of cruelty to children have differed markedly from each other in respect to the methods used and the functions performed. The New York society, for example, has emphasized the legal aspects of the problem and has assisted in the enforcement of all laws designed for the protection of children. As a result children are rescued from vicious surroundings and the authors of their misery punished.

The Massachusetts society, on the other hand, has interested itself in the wider field of child protection. It has aimed not only to handle cases of neglect and cruelty but to set in operation the forces that will insure proper protection for children in days to come. It has assumed leadership in campaigns for the better care of the feeble-minded, for more adequate protection of the unmarried mother and her child, and for other measures of social importance to children and to young people.

¹ *Ibid.*, p. 371.

d. Juvenile Courts.

With the advent of the juvenile court, cases of neglect could be referred to the court for action. The law defining neglect is almost universally a part of the juvenile court law. Many neglect cases are introduced to the court by the various private agencies interested in neglect and cruelty, but others are presented by the probation officers directly. Whenever a private citizen believes that some child is the victim of cruelty or neglect, he may initiate proceedings or report the case to the juvenile probation office, which, if efficient, will make prompt investigation of the charges and take action accordingly. The case is then brought before the court in precisely the same manner as though it had been reported by a private society. In a broad-gauged court prompt supervision of the case will be required, or if necessary more forcible action taken. In some cities neglected children form a large part of the case load of the average probation officer. In others the handling of cases of neglect is not attempted.

The present tendency is in the direction of the increased use of the juvenile court and its probation officers for the care of neglected children. Since the treatment of neglect and cruelty is largely a case-work problem, it may be desirable, if possible, to reverse the present tendencies and to invest in other public departments, such as county boards of public or child welfare, the duty of child protection. Gradually states are granting wide powers to such local units, and since they are administrative and executive rather than judicial, they are theoretically the most logical agencies for this form of service. The White House Conference suggests that the juvenile court relinquish the care and protection of neglected children and that public units, such as boards of children's guardians on a city-wide or county-wide basis, absorb this function. The organization of such units, however, involves additional machinery and funds. One may well question whether for many years to come the present work of the juvenile courts in

behalf of neglected children can be better handled by substitute agencies.

e. Prevention.

The preventive program cannot be separated from other programs for social improvement. Parental inadequacy, human brutality, ignorance, the evils of intemperance, lust, gambling, predatory impulses, and selfishness—each of these is a factor, but none of them can easily be eliminated. The more heinous cases of neglect can, of course, be prevented by means of an educational program for general community development, but the subtle influences that radiate from the evil passions of men are not easily counteracted and they will continue for many years to give us countless cases of cruelty and neglect.

QUESTIONS FOR ADDITIONAL STUDY

1. Make a study of the causes of desertion
2. How can the treatment of desertion be made more effective?
3. To what extent is support for a child provided through the courts in a case of illegitimacy?
4. What is the remedy in case the putative father of a child born out of wedlock leaves the state?
5. What are the chief weaknesses of our illegitimacy laws?
6. What can be done when parents, because of religious reasons, refuse to give their children medical aid?

SELECTED REFERENCES

- Abbott, Grace, "The County versus the Community as an Administrative Unit," *Social Science Review*, March, 1930.
- Ann Amer Acad*, "The Modern American Family," Vol 160, March, 1932
- Barrett, Richard, *Care of the Unmarried Mother*, 1932
- Colcord, Joanne, *Broken Homes*, 1922.
- Eubank, E. E., *Study of Family Desertion*, 1916
- Gilln, J. L., *Poverty and Dependency*, 1926, Chaps 23, 24
- , *Social Pathology*, 1933, Chap 13, "Desertion;" Chap. 16, "Illegitimate Parenthood"
- Kammerer, P. G., *The Unmarried Mother*, 1918
- Mangold, George B., *Children Born Out of Wedlock*, 1921
- , *Social Pathology*, 1932, Chap. 6, "Child Dependency and Neglect"

Mowrer, E. R., *Domestic Discord*, 1928.

North, C. C., *The Community and Social Welfare*, 1931.

Patterson, Howard, *Family Desertion and Non-Support*, 1922.

United States Children's Bureau, Publication No. 31, *Norwegian Laws concerning Illegitimate Children*, 1918

—, Publication No. 77, *Standards of Legal Protection for Children Born Out of Wedlock*, 1921.

—, Publication No. 66, *Illegitimacy as a Child-Welfare Problem*, Part 1, 1920

—, Publication No. 128, *Illegitimacy as a Child-Welfare Problem*, Part 3, 1924.

White House Conference, *Dependent and Neglected Children*, 1933

Zunser, Charles, "Family Desertion," *Ann. Amer. Acad.*, Vol. 145, September, 1929.

CHAPTER XXX

ORGANIZATION OF CHILD CARE

1. Evolution of Child Care.

The children's institution or orphanage is hundreds of years old. All of the important religious denominations have established institutions for dependent children. At first the conditions of admission prevented children of one denomination from using the facilities of others, but gradually a relaxation of rules has enabled Protestant children of most denominations to find opportunities for care in any Protestant children's home. The earlier institutions did not usually offer their services to children without any religious connections. Accordingly the non-sectarian institution came into existence. This movement developed until approximately 1,500 private institutions for children were established in this country. Of this number more than 400 are conducted under Protestant auspices, 371 by the Roman Catholic church, and more than 600 by non-sectarian organizations.¹

The first child-placing agency in this country was organized in 1729 to care for children whose parents had been killed in an Indian massacre. On the other hand, prestige for child-placing work was not gained until the founding of the New York Children's Aid Society in 1853. Churches, on the whole, clung to the principle of institutional care. As the desirability of private home life for orphans became more appealing, state-wide children's home-finding societies were organized throughout the country. The movement began about 1885 and was carried on largely under Protestant auspices. Although in many cases Protestant clergymen became the superintendents, the societies tended to become non-sectarian. The number of such societies

¹ *Social Work Year Book*, 1929, p. 134.

has fluctuated somewhat but approximately thirty are in existence at the present time. Formerly the churches throughout a state were expected to assist in the placing and the superintending of the children

The Catholic church made a beginning in child-placing work when in 1898 a Catholic Home Finding Agency was established in New York City. Soon thereafter the Lutheran church, which has an excellent program of philanthropic work covering many aspects of social welfare, organized its first home-finding society. Since its founding in 1902 the work has spread to many states.

The Jewish system of child care was at one time exclusively institutional. The reasons were mainly two—the absence of a Jewish population in the small towns or rural districts to which children would have been sent, and the unwillingness of Jewish couples to accept foster children. This situation has changed and early in the century child placing became a permanent part of the Jewish system of philanthropy.

2. Private Child-Caring Agencies.

The private child-caring agencies preceded public agencies, but the latter, even though they now care for a larger number of children, received their ideals of methods and of case work from the former. The private agencies have engaged in pioneering work and have endeavored to develop standards for child welfare activities. The more important types of private agencies are: state-wide children's home societies, children's aid societies, institutions for temporary care of children, institutions affording long-time care, day nurseries, maternity homes, and homes for infants.

a. Children's Aid Societies.

Excellent examples of children's aid societies are those of Boston, New York, Pennsylvania, Illinois, and St. Louis. Some of these operate only in the local community; others take on the aspect of a state-wide children's home society. Formerly these agencies placed the great majority of their children in free

homes, but changing social attitudes and economic conditions now require the general use of the boarding home

The dispositions made by the Pennsylvania society in a typical year were as follows. of the total number of children cared for, 75 per cent were boarded in private homes, 11 per cent lived with parents or relatives under supervision; 10 per cent were placed in free homes, in a few of which the child received some wages; the remaining children were either in institutions receiving temporary care or had become independent. More than 84 per cent of the children received during the year were sent by the juvenile court and 11 per cent came from parents or relatives directly. One-half of the children relinquished during the year were returned to parents or relatives; one-third became independent; one child was adopted; the remainder were disposed of in a variety of ways. The society operates through the eastern part of Pennsylvania, and in each county under its jurisdiction there is a county branch consisting of a board of directors and appropriate officers. Most of the children, however, come from the city of Philadelphia.

Each child-placing agency has special functions to perform. In New York City, for example, the society has interested itself in crippled, anemic, and undernourished children. Instead of removing them from their homes, it has exerted itself to fit them better for their own homes. The White House Conference, commenting on child-placing agencies, said that many had broadened and re-organized their services. Some had added the function of child protection; others give aid to handicapped children by providing for them the special care that each requires; and the tendency of all is to build up the natural home so that children may, if conditions warrant the plan, be returned to their own homes.

b. Children's Home Societies.

Although in some states, as in Illinois, the Chicago and Illinois societies were merged to form a larger organization, in most states the home society program attempts to provide special care for the children in the smaller communities where local

organizations do not as a rule exist. These societies are almost invariably provided with a receiving home, and in the larger states they usually have two such homes. To these are sent the children for whom care and treatment are requested. Here they remain until they are prepared for home care and a foster home can be found. The standard practice of these societies is to take children whose likelihood of returning to their homes is extremely small. Permanent care is therefore emphasized and a long-time program outlined for the child. Many of these organizations also care for the unmarried mother and her child. Placing children for adoption represents another significant feature of their work. The former use of untrained workers has been widely supplanted by the employment of experts in the field of child placing. The California society is an excellent example of a children's home society.

c. Denominational Child-Placing Work.

With the establishment in most of our large cities of a comparatively complete system of Catholic charities, and in the largest cities of a similar plan among the Jews, child placing by these two denominational groups has received a new impetus. The concentration of social work in a single department makes possible a division of work according to needs. As a consequence Catholic welfare bureaus have organized divisions of child placing and have also attempted to find family homes for some of the children of the type that used to be placed in institutions. The new Jewish plan puts the institution and the placing-out department of child care under the same management with the natural result that many children are now provided with home care. Several Protestant churches also endeavor to develop home care for their dependent children, either directly or in connection with the institutions under their control.

d. Children's Institutions.

In respect to the private care of dependent children, the institution is still the dominating factor. In all large cities both de-

nominal and non-sectarian institutions will be found. Institutions within the same denomination may not be thoroughly coordinated because special orders or groups have founded the institution independently of each other. Often the orthodox and the liberal Jews have been forced to establish separate homes. None of the Protestant denominations as a rule attempt to establish more than one institution in a given community. In fact several denominations attempt to make the institutions under their control serve a much larger district, perhaps several states.

Fraternal orders conduct institutions for the children of their members. Chief among these are the Masons who have a series of fine institutions scattered about the country. The Shriners' hospitals for crippled children also represent a most noteworthy effort to meet the needs of a group of unfortunate children.

Many non-denominational institutions have also been established. They differ somewhat in scope and method from the denominational homes. Usually they are organized to give temporary care to children, with the natural consequence that many children pass through their doors every year. The denominational homes, on the other hand, tend to emphasize permanent care and keep their children for a considerable length of time. The turn-over in these homes therefore cannot be very rapid. Denominational institutions also have in a few cases been established for abnormal children, such as behavior cases or the feebleminded.

In the congregate institutions, dormitories are the rule. In some states the number of children allowed per dormitory is limited by the state department of public or social welfare. A total of twenty is usually considered a sufficient number. Most non-Catholic institutions now send their children to the public schools—a practice scientifically orthodox but often a serious burden on the suburban district in which the home may be located. In spite of their attempts to classify children, many institutions house physically and mentally handicapped, delinquents, neglected, and dependents, and in doing so increase

the difficulty of proper guidance and training. Institutions for foundlings and small illegitimate children have often been the target for criticism because of the high death rates and bad conditions that have frequently prevailed therein. The introduction of wet nurses with whom babies are boarded out under the supervision of the institution promises to attain satisfactory results. A relatively small institution for the care of such children is also a great advantage.

e. Cooperation among Private Child-Caring Agencies.

In all large cities there are many child-caring agencies, each of which under ordinary conditions works independently of the others and often in antagonistic fashion. It has become necessary to develop plans whereby cooperation among the agencies is assured and a greater efficiency in the handling of cases realized. Actual cooperation may vary from informal conferences to the establishment of a special agency to which certain tasks and functions are definitely assigned.

Probably the Children's Bureau of Cleveland represents the best example of a community-wide effort to simplify the administration of child-caring work. It was organized in 1921 and was immediately invested with the following functions:

1. Investigation of cases of dependent children where neglect is not present and guardianship is not involved and there is no definite reason for depriving parent or near relative of custody of child, with the exception of humane-society cases.
2. Investigation of applicants for admission to children's institutions either for temporary or for continued care (a) from the family, (b) from other agencies.
3. After admission, supervision through the bureau or by the definite assignment of responsibility to another agency, with a periodic bureau check up.
4. Investigation and planning for receiving-home inmates before admission, children to be admitted without a study and plan only in extreme emergencies.
5. Conferences on children's problems and cases.¹

¹ United States Children's Bureau, Publication No 177, *The Children's Bureau of Cleveland*, p 5

Gradually these functions have been extended to include other activities that could be conveniently and economically performed by an agency of this type. Among these activities are the physical examination of children and the study of problem cases as well as the development of plans for their treatment. It has also assumed the leadership in promoting community plans for the better coordination of child-caring work.

Out of 24 institutions operating in the city, 22 became members of the bureau and utilized its services. The two Jewish institutions continued to make their own investigations. As a result of its work the bureau has greatly increased the efficiency of the cooperating agencies, has increased the responsibility of parents; has lessened the burden on the community, and has promoted a cooperative spirit among the agencies and the denominations engaged in child-caring work.

Efforts in certain other cities, although less ambitious than the Cleveland experiment, have resulted either in the establishment of a central intake bureau or the appointment of some organization—perhaps a family welfare agency—to undertake the task of making initial investigations and recommendations. In some communities the child welfare committee of the local council of social agencies has developed some system of cooperation among the children's agencies; in others the social service exchange has proved especially helpful in providing clues to the needed facts and information.

Certain cooperative efforts among institutions within the larger denominational groups have been established for many years, but the test of social efficiency depends on the successful use of an agency that can serve each of the denominations effectively and can promote practical forms of cooperation among the various child-caring organizations. In New York City, for example, the Catholic, Protestant, and Jewish agencies have each established clearing bureaus for their own institutions and agencies; their work, however, is limited by the fact that they are able to handle only the children of a particular faith.

Without further cooperative organization they are unable to prevent overlapping and duplication of effort

Many of the children's institutions have not been equipped with competent investigators or social case workers and have allowed themselves to be flooded with cases for which other forms of disposition should have been made. Frequently also there has been serious weakness in the program of after-care. In certain communities regulations made either by the state department of social welfare or by a local council of social agencies have required local institutions housing a given number of children to equip themselves with a competent case worker. The duties of this official are to make preliminary investigations and also to engage in follow-up work

The utilization of a separate case-work agency would under certain conditions make the addition of case workers to an institution staff unnecessary. A central bureau, even with limited functions, can perform much valuable service for the constituent or cooperating members. A constant obstacle to cooperation remains. It is the desire of institutions and agencies to handle each case turned over to them without interference or suggestions from another agency.

3. Public Child-Caring Agencies.

The public child-caring agencies resemble the private agencies both in plan and in program. Until recent years they were comparatively inconspicuous, but now they are obliged to carry the bulk of child-caring work.

a. State Institutions or "Schools."

A state institution for the care of dependent children was established in Michigan in 1874. At that time hundreds of children were herded in the various almshouses of the state and the "state school" became the agency through which they were to be saved from pauperism. At first the age limits for admission were three to fourteen years, but after several amendments to the law any child under the age of fourteen became eligible. A

babies' cottage was added to meet the need. The school or institution began as a temporary home. It received children from the courts and when the child was made a public ward the state board of control became his guardian.

At first the average length of stay in the institution was less than five months. A placing-out department was connected with the institution and through its county agents quickly succeeded in finding a sufficient number of family homes. Gradually, however, the free homes began to disappear, but since the state has made no provision for placement in boarding homes, the child-placing program has been greatly retarded. The institution no longer serves as a model for other states and, because of the general inadequacy of machinery for local care of dependents, has become clogged with various types of children sent by the counties.

Minnesota followed the Michigan plan and gradually other states established institutions or schools until a total of twenty finally adopted the plan. The states, however, differed widely from each other in respect to many important features. In several states these institutions are known as soldiers' orphans' homes, but usually very few of the children are the children of soldiers. In all of these homes except three, children are subject to placement in private homes, but owing to failure to appropriate money for boarding purposes the free home must in many of these states be generally used. In eight states the child placement department is conducted separately from the institution management but usually cooperates closely with it.

The state school system has not met the hopes of its founders. Instead of remaining temporary homes, many of these institutions now retain children for several years. Again the cost of boarding children in private homes has deterred legislators from making the child-placing department genuinely effective. In some cases the town or city in which the institution is located has favored the maintenance of a large school population in order to stimulate local business. These state homes have also tended more and more to become the depositories of problem

cases and misfits of various types. Meanwhile means for the disposition and care of these children are not provided.

b. County or Municipal Institutions.

The maintenance of county homes for dependent children received its most liberal application in the states of Indiana and Ohio. At one time approximately one-half of the counties in each of these states operated such a home. The children sent to these institutions were brought from the almshouse or received from the courts. The existing homes are controlled by local boards but often the almshouse and the children's home are controlled by the same management. In fact these homes were established as an enlightened substitute for the almshouse care of children. The system is also used by occasional communities throughout the country.

Public institutional care of dependent children by local communities is not successful in the smaller counties, and in the larger communities its success depends on the continued quality of the management and the adequacy of appropriations. Both Indiana and Ohio have organized systems of state care which handle a large proportion of the children who would have received county care. Each has also added a state school or institution. In some local communities, as for example in St. Louis, the public institution for dependent children has been abolished and a system of child placing substituted. Whenever possible this type of substitution seems desirable, but the agency making the placements may be a state-wide organization instead of local.

c. Systems of Child Placing

Apart from the states that have both an institution and a separate child-placing department, there are eleven states, including the District of Columbia, in which some system of child placing has been established under some branch of the state government. Among the states that have obtained significant results from the operation of this plan are Massachusetts and

New Jersey Many local communities have developed independent plans for child-placing work, notable among these is the city of St. Louis.

(1) Massachusetts.

In this state the Department of Public Welfare contains a well-organized division of Child Guardianship. The children placed under the control of this division are classified officially as delinquent, wayward, neglected, and dependent. Members of the first three groups are sent by the courts. The dependents come from parents, guardians, and local boards of public welfare. Dependent children that have no legal settlement are cared for directly by the state, for the children having a legal residence the parents, guardians, or place of residence must pay the costs of care. Neglected children are given direct protection but efforts are made to fit families for their return, otherwise they would remain in the hands of the state for a considerable time and become rather costly. The division investigates petitions for adoption and licenses boarding homes for infants and maternity hospitals. The following statistics for the year 1933 represent a definite picture of the character of the work of this state division.¹

Number cared for during year	8,024
Number under care at end of year	7,067
Delinquent	215
Wayward	9
Neglected	3,461
Dependent	3,382
Children under three	472
Number of illegitimate children	1,815
Petitions for adoption investigated	644
Number of boarding homes licensed	583
Number licensed maternity hospitals in operation	194
Children over three cared for	6,595
Receiving wages	460
No expense to state	353
Clothing provided	266

¹ *Annual Report of the Department of Public Welfare, State of Massachusetts, for the year ending November 30, 1933, pp 28-31*

Board and clothing	.	.	.	.	.	4,854
In hospitals	.	.	.	.	.	288
Other	.	.	.	.	.	374
Cost to state	.	.	.	.	.	\$1,278,600 00
Received from local boards	.	.	.	.	.	180,033 11
Received from parents	.	.	.	.	.	19,405 28

This report indicates that state and local communities cooperate and that an excellent system of state care is in operation. The extent to which illegitimacy is a burden is also shown. Infants are placed in private homes instead of in institutions, and maternity hospitals are investigated and, if their standards are acceptable, they are given the right to operate. The cost to the state was more than one and one-fourth million dollars; less than \$200,000 was obtained from other sources.

(2) St. Louis

In St. Louis a board of children's guardians was established in 1912. Formerly dependent children had been cared for in a local institution that also housed delinquent children. Under the present arrangement temporary receiving quarters are provided and neglected children referred by the courts placed out in family homes. The law requires that children be placed either within the city limits or within a radius of fifty miles. The children when placed in a boarding home may not cost more than a definite maximum fixed by law. Provision is also made for the right to board children in their own homes with their mother. This peculiar system was adopted in order to make possible the equivalent of a mothers' aid plan. The board is appointed by the mayor and a civil service system applies to the staff.

(3) Alabama.

In Alabama an effort is made to divide the burden between the state and the counties. The child welfare department of the state accepts children for care from counties in which local provision is not made, but from counties in which a well-established county board of welfare is in operation cases are

taken only under exceptional conditions. At all times, however, the state supervisors work in close contact with the local agents and by doing so increase the efficiency of the local work. The cost of the county boards is borne in part by regular county funds, in part by the state board of education, but the latter receives supplementary sums from the state. The state therefore is in a position to enforce standards on the county boards. The system also enables the poorer counties to employ paid workers.

(4) County Boards in New York

In 1917 Dutchess County, New York, secured the enactment of a state law applying to that county only, providing for a board of children's guardians with all the powers of the poor-law officials as well as the right to administer mothers' aid. Under this plan the county board had the authority to give relief and care to dependent, neglected, crippled, and mentally handicapped children. In 1930 authority was also given to grant home care to families in which there were children under sixteen years of age. The board, which is not paid, consists of ten persons, six of whom are appointed citizens and the remainder public officials. This board with its extensive powers and broad field of operations is perhaps the best example of effective centralized county-wide service in the country.

Another example of effective county service is that of Westchester County, New York, in which a county bureau of public welfare was created in 1916. One division deals with child welfare and this is empowered to handle dependent children and to administer the mothers' pension law. This division has developed machinery for the examination of the mentally handicapped and has gradually assumed the authority to make plans for their disposition and care. It brings cases into court when necessary and transfers the younger handicapped children directly to the state institutions. Through the use of skilled and trained social workers this county has achieved distinction for its success in dealing with the various problems of child welfare.

Centralization of child welfare and family service work in the office of the county commissioners of public welfare was made possible in New York by the Public Welfare Act of 1930. As a result separate organizations become unnecessary and a high degree of efficiency can be achieved.

d. County Boards of Welfare.

In several states, notably Minnesota and North Carolina, county boards of welfare stand in a peculiar relation to the state board. In the former state, the state board appoints three of the five members of the local board, in the latter, the entire board. In each case the state boards and the local organizations are expected to cooperate with each other in a general program of child care. In Minnesota, local initiative and local treatment are emphasized but responsibility is sufficiently centralized to enable the state to prevent undesirable action by the local boards.

In North Carolina, the county board represents the state in matters of parole from institutions, in the administration of mothers' aid, and in allied subjects. Separate from this board is the county superintendent of public welfare who has extensive duties in connection with the care of dependent and neglected children. He has the oversight of children who have, under the direction of the state board, been placed in homes within the county in which he works; he is required to engage in protective work, he investigates applications for relief and makes recommendations to the county commissioners.

e Public Aid to Needy Mothers.

(1) Beginnings of System.

When Rabbi Hirsch at the White House Conference of 1909 declared that the public should pay needy mothers so that they could care for their own children in their own homes, the sophisticated child welfare workers of the country glanced furtively at each other and smiled superciliously. The Conference did not include this suggestion in its declaration of principles, but

two years later Illinois passed the first state-wide mothers' pension or "funds to parents" act. In that same year Missouri enacted a mothers' pension law for the benefit of Jackson County—the county in which Kansas City is located. Thus began the mothers' pension movement.

The opposition to the pension plan contended that aid to mothers would be nothing more than outdoor relief under a new guise. At that time objections to a system of public relief were based on a series of disastrous experiences with politically-minded public officials. Many representatives of charity organizations, now family welfare societies, vigorously opposed the plan. Support came largely from settlement and child welfare workers. Also juvenile court officials asserted that aid to a mother to care for her children was preferable to care of the children by the juvenile court. Because mothers' pensions warranted the belief that juvenile delinquency would be reduced thereby, many states placed the administration of the law in the hands of the juvenile court.

General interest in child welfare was also spreading throughout the country and very shortly the theory of public aid to needy mothers was accepted. "If the mother is an able and fit person to care for her children, then modern theory and practice rule that the state should step in and assist her financially so that she may be able to care for her family without the exhausting work outside the home that unfits her for the proper care of her children." ¹

Ten years after the Illinois law was passed forty states had enacted legislation of this type, some of it liberal, some inadequate and improperly controlled. In 1935 all but three states had mothers' aid laws on their statute books, but in several of these states the law operates only in the more populous centers.

(2) Administration of the Fund

There is such a variety of systems of administration in this country and so many changes are being made that the situation

¹ Mangold, Edith P., *Mothers' Aid*. Published by the National League of Women Voters.

has become thoroughly confusing. Probably about one-third of the states still administer the fund through the juvenile court; many states rely on the good faith of the county relief offices; some states have created special child welfare bureaus or boards to handle the problem. About three-fourths of the states fall into these three groups and in the remainder the control is exercised by some state department or special agency. The tendency is clearly in the direction of either state control or effective state supervision.

(3) Conditions of Allowance.

The first condition relates to types of mothers eligible for aid. At first the various states tended to limit pensions to widows, but a more generous view has gradually prevailed. The present extremes are Connecticut which grants aid to widows only and Massachusetts which makes its limit a "mother with dependent children." Frequently, however, the types eligible for aid are specified in detail, as, for example, in Nebraska where aid may be given provided the mother is widowed, deserted, divorced, unmarried, or the husband is permanently incapacitated physically or mentally and is without means, or is in a penal institution. Residence requirements vary from one to five years within the state; some states also require citizenship.

The granting of aid depends on the financial needs of the home and the ability of the mother to give the children proper care. Among the conditions that are usually specified are the following: the mother must be living with her children; she must remain with them if an allowance is made; she must be mentally and morally fit to care properly for the children; she must keep the children in school and care for them according to a standard set by the agency making the grant.

In some states the ownership of property bars a mother from receiving aid. A woman may perchance own a small plot of ground somewhere or a cheap city lot, neither of which provide her with any revenue but which may eventually increase in value sufficiently to make her self-supporting. Nevertheless the rule requires that she dispose of this property and consume the

meager sums obtained therefrom before she is eligible for mothers' aid. These absurdities, however, are rapidly being eliminated from the laws and a saner attitude substituted. The sensible Nebraska law allows a mother to own real or personal property up to the limit of \$2,000.

According to correct principles of social work, the amount of aid to be given a mother should not be fixed arbitrarily by law but should depend on the results of careful social investigation. Unfortunately the lockstep method of granting aid has been written into the majority of our laws, made necessary largely because of the uncertainty attending their administration. Usually a certain maximum sum may be granted for the care of the first child and somewhat smaller sums for the remaining children. Often this maximum figure is entirely too low to enable a mother with a large family to live comfortably thereon.

(4) Standard Procedures.

Before a mothers' pension is granted, the basic case-work methods utilized by family welfare agencies must be employed. The right to receive such aid does not exist, but the duty of the public to give aid to certain responsible and needy mothers does exist. It becomes necessary to establish the facts for a given situation and to decide accordingly. The system of mothers' aid should not be applied to families likely in the near future to become self-supporting. It should rather consist of a series of money payments similar to wages and extending over a considerable period of time.

The family resources should also be unearthed and the value of the expected income be estimated. The pension should supplement outside income and not become a substitute therefor. Under no conditions should aid be withheld because small incomes may be derived from other sources.

The amount of aid should be proportioned to the standard needs of the family. Although in several states the law fixes no definite limits, it does establish a practical limit, as in New York where the grant may not exceed the cost of the care of a child

in an institution. In Massachusetts, on the other hand, not only are maximum limits avoided but the amount granted may be sufficient to enable a mother to care properly for her children in her home. It is assumed that a mother is a fit person to bring up her children and will surround them with wholesome conditions.

The conditions under which mothers may work away from home need to be carefully specified. In some states they are prohibited from engaging in outside work, but this limitation on their possible income often prevents the attainment of decent living standards. On the other hand, regular work away from home is undesirable and defeats the very purpose for which mothers' aid was instituted. The use of a standard minimum budget to guide the mother in making her expenditures is also essential to successful work. Furthermore a system of supervision is necessary and must operate to maintain the standards and the morale of the family. In many agencies a minimum of one visit per month is required regularly and visits more often to the less reliant and less self-sufficient families.

The average budget provided under the mothers' aid program does not permit expenditures for medical and dental care. An important part of the social worker's function therefore is to discover conditions of ill-health that may exist in the family and arrange for the needed medical care through the philanthropic agencies that are provided for this purpose. Until a system of health and invalidity insurance is established, no other alternative seems possible.

(5) Amount of Grant

The monthly grant per family varies greatly in the different states. The effects of changing prices are illustrated by the per family increase in Boston from \$26.15 in 1916 to \$68.30 in 1929. In a study of the subject by the Children's Bureau, information was obtained from twenty states. The amount paid in 1933 by Massachusetts was \$52.89. Other states making liberal grants were Rhode Island, Connecticut, and New York. At the other extreme stood Florida with a monthly per family grant of

\$9 76 The median for the twenty states was \$25.61. In comparing the grants to mothers with the average family relief budget, the Bureau discovered that in all but four of the twenty states the mothers' aid allowance exceeded the amount ordinarily given to dependent families. The system therefore, even though ideal standards of comfort are not provided, is generally superior in plan and application to the regular relief program from which it has been differentiated.

(6) State Aid and Supervision.

A system of service so dignified and constructive as mothers' aid should not be left to local communities to apply or to pervert in such ways as they please. Many states have recognized the necessity of maintaining standards and now supervise local work through some state department or agency. Supervision has taken form as follows: supervision of case work by paying part of the grant; supervision of local work by approval of the standards employed; and administration of mothers' aid directly.¹

Examples of the first plan are furnished by several states such as Pennsylvania and North Carolina. In Pennsylvania the state matches the county with one-half of the grant, but does not pay until satisfied that the local community was justified in granting the aid. As a consequence the case-work methods of the local workers must meet the standards set by the state department of public welfare. Similar plans are in vogue in other states where the state participates in the grant of money.

In several states the investigation and selection of cases is partly or entirely in the hands of the state authorities. Often the state workers direct or cooperate with the local officials and make the granting of mothers' aid a joint service. In Massachusetts approximately one-fifth of the cases have no legal settlement. The state investigates these directly and pays the entire grant. In the case of mothers having a legal residence, the local board of public welfare administers the law but is required to

¹ White House Conference, *Dependent and Neglected Children*, p. 215.

report to the state department and must satisfy the department that adequate standards were observed, otherwise the state will not reimburse the town or city to the extent of one-third of the amounts allowed. In New Hampshire, on the other hand, the state not only administers the law but also pays the bills. As a general rule the large states must permit the law to be administered by the local boards, but they may exercise veto power and thereby control the quality of the local service.

In other states the state government is satisfied with general supervision of the local work, particularly if the state does not participate in providing the funds. In Minnesota the state board of control advises and cooperates with the courts; supervises the work of the county child welfare boards; has access to the records of other agencies that make allowances; and may require reports from courts and persons assisting the courts in administering the law. Such methods of supervision, however, are less effective than those employed by states interested in safeguarding their share of the appropriations for mothers' aid.

(7) Federal Aid.

The Social Security Act passed by the Congress in 1935 provided for an annual appropriation of \$25,000,000 to the states for the enlargement of the mothers' aid program. Before any state can receive its share of these funds the following conditions must be met:

It must have a mothers' aid law on its statute books.

It must have made appropriations for this purpose.

It must have made aid for dependent children available to all sections of the state.

It must have designated some state agency to supervise the local service.

It must have established a reasonable minimum budget for the families to be aided.

The new federal program is quite in accord with the principles of child care as discussed in a previous chapter.

QUESTIONS FOR ADDITIONAL STUDY

1. Study the system of indenture
2. How is the interstate placement of dependent children controlled?
3. What are the chief obstacles to successful child-placing work?
4. To what extent can parent-child relationship be developed in children's institutions?
5. What are the chief objections to federal grants-in-aid?

SELECTED REFERENCES

- Abbott, Grace, "Recent Trends in Mothers' Aid," *Social Science Review*, Vol VIII, No. 2, June, 1934
- Breckinridge, S. P., *Public Welfare Administration in the United States*, Select Documents, 1927.
- Carstens, C. C., *Method of Organization and Inter-Relations in the Child-Caring Fields*, in Proceedings of National Conference of Social Work, 1929.
- Langer, Samuel, *Developing Parental Relationships in an Institution*, National Conference of Social Work, 1929.
- Mangold, Edith P., *Mothers' Aid*, 1935, published by National League of Women Voters
- Millsbaugh, A. C., *Public Welfare Organization*, 1935, Chap. 15, "The Child"
- North, C. C., *The Community and Social Welfare*, 1931, Chap 6, "A Program for Needy Children"
- Odum, H. W., *An Approach to Public Welfare and Social Work*, 1926
- Reeder, R. R., *How Two Hundred Children Live and Learn*, 1910.
- United States Children's Bureau, *A Tabular Summary of State Laws Relating to Public Aid to Children in Their Homes*, 1934
- , Publication No 177, *The Children's Bureau of Cleveland*, 1927.
- , Publication No 220, *Mothers' Aid*, 1931, 1933
- , Publication No. 224, *The County as an Administrative Unit for Social Work*, 1933.
- , Publication No. 148, *Adoption Laws in the United States*, 1925.
- , Publication No. 184, *Administration of Mothers' Aid in Ten Localities*, 1928.
- Warner, Queen, and Harper, *American Charities and Social Work*, 1930, Chaps 9, 13, 20, 25.
- White House Conference, *Organization for the Care of Handicapped Children*, 1932.

CONCLUSION

Child welfare is definitely recognized as an essential phase of social welfare. The "Children's Charter" gives to child problems an entity and a definiteness that makes constructive work for children increasingly possible. On the other hand, many problems of child welfare are merely parts of family and general social problems and cannot be isolated. A perceptible weakening of family ties during the last two decades necessitates public insistence on child protection and indicates that there can be no relaxation in the child welfare program.

Much has been learned about the needs of children and about methods and principles to be applied. Too much praise cannot be given to the United States Children's Bureau which under the past leadership of Julia Lathrop and Grace Abbott has investigated thoroughly many aspects of child welfare and has promoted many practical plans and measures for the benefit of children. Nor can we omit mention of the National Child Labor Committee which, although depending for its support on voluntary contributions, has under capable and far-sighted leadership studied the causes and results of child labor, has organized child labor committees in many states, and has been the most important single factor in the promotion of improved child labor legislation.

In certain respects our knowledge is still far from complete. The field of mental hygiene is still largely unexplored; the treatment of personality defects is hardly successful; the results of a program of sex education require further observation; the elements in a controlled environment that promise best results for the individuals are not sufficiently isolated; and adequate programs for successful character education have not been devised. Emphasis on personality and social responsibilities cannot easily be met with plans adequate to obtain the desired results.

The success of the child welfare program depends largely on the progress achieved in the field of economic and social reform and in psychiatric investigation. Unless the basic impulses that drive men to action can be directed into channels of community service and away from self-aggrandizement, progress will come slowly. The desperate efforts of predatory economic organizations to prevent legislation that would make the exploitation of the underprivileged impossible are indications of the bitter battles that must still be fought if, for example, "the right of every child to a dwelling place sanitary and wholesome" is to be achieved. Self-discipline on the part of the greedy seeker after wealth is an essential of any new deal. Successful reform will yield abundance and plenty and standards of living that will give to the child all of the essentials stated in the charter, to the realization of which so many social workers have dedicated their efforts.

American individualism has sacrificed the child for the sake of material prosperity. In its emphasis on the self it has promoted selfishness, it has created profits but not products. The individual, however, lives on utilities, not on percentages, and without these cannot achieve the physical, mental, and moral vigor that our complex civilization now requires. Nothing short of a fundamental program of reform that will place the welfare of the entire group above the achievements of the few can solve the problem. Without considerable economic planning, without the curtailment of the power that wealth has over poverty, without an improved system to make possible the participation of the maximum number of workers in industry—without these changes our growing children can hope neither for protection nor for the opportunity of normal life. Without an improved social order, children will not regain the educational privileges of yesterday but will again be forced prematurely into industry and be required to live under conditions of poverty and distress that will greatly increase juvenile delinquency and accentuate behavior problems.

Meanwhile systems of social insurance, or stop-gaps, must

be provided. The Social Security Act of 1935 is probably the most momentous piece of social legislation that has been enacted in this country since the emancipation of the Negro. An industrialism that continually interrupts the steady flow of individual incomes, that throws men of forty-five or fifty out on the mercy of the world without opportunity for further employment, and that substitutes cheap labor for a living wage—such an industrialism must, until more fundamental conditions are imposed, contribute to the cost of caring for the casualties that it has caused. Unemployment insurance, accident insurance or workmen's compensation, invalidity and sickness insurance must be made applicable throughout the country and must reach the great bulk of families whether living on the poverty line or in comparative comfort. Infant mortality, behavior problems, delinquency, child labor, and other important child problems are so largely due to economic conditions that protection such as that afforded by systems of insurance would reduce the seriousness of these problems significantly.

There is need of an increasingly alert public opinion. That supineness which is satisfied with a dole must become reinvigorated with ideals of individual and community responsibility. The miseducation taught by many of our metropolitan newspapers must be supplanted with the development of a civic consciousness that cannot be misled by some single unfavorable circumstance. The demand of the public for reform often ceases as soon as stomachs are filled and shoes are fitted to the feet. The fundamental need is a persistent demand for forms of social improvement that will be permanent in their benefactions and in their service for the common good.

Although social improvement may be organized from the top down through the various strata of humankind, its permanence will depend on the good-will and favor of the great majority. Permanent progress rests on the foundation of public opinion and in a democracy such as ours, that opinion registers its wishes in large measure through the use of the ballot. Support for measures such as child labor laws that limit the rights of

individuals for the benefit of the entire group frequently disappears when complete success is not readily achieved. Nevertheless a do-nothing policy would have resulted in the demoralization of an army of children. The vigorous education of the masses in the necessary elements of successful community life is the sole safeguard against the fickleness that has so often characterized the popular mind.

Leadership in social statesmanship was never more sorely needed than at the present time when a philosophy of destructive individualism is struggling to retain its power and a philosophy of enlightened socialization is fighting madly to dislodge its strongly entrenched foe. Tradition, precedent, vested rights, and constitutions all plead for the *status quo* and use the magic of every shibboleth heretofore invented to prevent any reorganization of our social system. Sociologically trained leaders who recognize that the fundamental wishes of men do not easily change but who also know that man-made institutions can be modified and made to serve the people more successfully—such leaders are needed to mold public opinion and to point the way to the gradual transformations that will make this a nation in which security, personality, fulfillment, mutual obligation, and enriching experiences will become the birthright of every child.

Political science, economics, and sociology as taught in many colleges and universities are preparing leaders not only for the education of public opinion but also for service in legislative halls and executive positions. To these men and women we must look for counsel and guidance. Only as we find individuals whose life interests are not bounded rigidly by the thought of self can we develop a broad-gauged leadership that will lead public opinion to the acceptance of fundamental measures for the promotion of child welfare.

In order to solve child problems, we cannot be content with remedial measures. Child welfare workers need a greater insight into the fundamental forces that determine the conduct and behavior of human beings. There is the constant danger that

such workers will become satisfied with the routine of individual service and will not catch the vision of community case work, or glimpse the larger aspects of the principles of community organization. To meet the various needs of a dependent or delinquent child is an important service; to set in motion the forces that will inspire the community to effective action for preventive and protective work is more important and more fundamental. Social workers should constantly be promoting a program which, when it becomes successful, would tend to eliminate their jobs and leave them unemployed. Their appeals should not be made to legislatures alone but to the people on whose favor legislatures depend. Much social legislation opposed by the people has been rammed through our law-making bodies only to become useless because of its unenforceability. Judges, juries, prosecuting attorneys, and others engaged in the administration and enforcement of law usually are not far removed in their thinking from that of the less intelligent and less advanced section of the people.

A hopeful sign, in spite of the desperate efforts of a group of social reactionaries, is the growing tendency of the public schools to make education social. Stupid obeisance to the ritual demanded by obstructionists is easily outweighed by discussion of the serious problems of the day, thus preparing our youth for consideration of the social questions that constantly confront the nation. The attempt to muzzle the school teachers of the country at a time when vigorous and independent thought is necessary for the achievement of political security is evidence of the large part that the teaching profession is assuming in the dissemination of thought in the field of social and economic welfare.

The social ideals of religion cannot be overlooked. The stand of the churches against the crime of war, against the abuses of our industrial system, and against the avarice and cupidity of uncontrolled individualism should gradually produce results. No longer are the churches satisfied to erect orphanages, conduct child-placing societies, or maintain institutions for children

with behavior problems. The causes of social maladjustment are now vigorously opposed in platforms and in resolutions, and eventually will be in the pulpit as well. The theory that religion applies to community relations as well as to individual conduct may force selfish inconsiderate men to withdraw from all church connections. Probably nothing would prove more effective for genuine social improvement than the exhibition of clear-cut issues of this type. The church is based on principles of comradeship which when triumphant will result in radical social reorganization.

Meanwhile case work with children must be carried out and opportunity be given to the more fundamental forces to evolve social institutions which will lessen the need for programs of child care such as those described in this volume.

INDEX OF SPECIAL REFERENCES

- Abbott, Grace, 495, 517.
 Addams, Jane, 215, 400.
 Altmeyer, A J, 308
 American Association of Medical Milk Commissions, 140.
American Child, The, 308.
 American Child Health Association, 262.
American Labor Legislation Review, 348
 American Social Hygiene Association, 289
Annals of the American Academy, 400, 445, 495.
- Baber, R. E, and Ross, E. A , 33.
 Barrett, Richard, 495.
 Barrett, Robert S , 432.
 Best, Harry, 127, 177.
 Bigelow, M A , 289
Birth Control Review, 33.
 Blanchard, Phyllis, 385
 Blanton and Blanton, 445
 Blumer, H., 215.
 Blumer, H., and Hauser, P. M., 215.
 Bogardus, E S , 272, 445
 Bolt, R. A , 72
 Bowler, Alida C , 445.
 Boy Scouts of America, 215.
 Breckinridge, S P., 461, 517.
 Burt, Cyril, 385.
- Cabot, R. C., 161.
 Cady, B C., and V. M., 289.
 Callcott, Mary S , 348.
 Calverton, V. F., 43
 Camp Fire Girls, 215
 Carstens, C. C., 517.
 Character Education Institution, 272.
 Chenowith, L. I., and Morrison, W. R., 127.
- Child Welfare League of America, 461, 479
Child Welfare Magazine, 272
 Chute, C L , 416
 Colcord, Joanne, 495
 Committee on the Costs of Medical Care, 103, 461.
 Commons and Andrews, 348
 Culbert, Jane F , 272, 445
Current History, 43, 231
- Davies, Stanley P , 231, 244.
 Davis, Katherine B , 33, 289.
 Davis, M M , 161.
 Davis, M M., and Warner, A. R., 103, 161.
 Day, H. E , 177.
 Dennett, Mary Ware, 289.
 DeSchweinitz, Karl, 289
 Dickerson, R. E , 289
 Dobbs, H A , 432
 Doran, Mary S., and Reynolds, Bertha S , 479
 Dublin, L I , 43, 127.
 Duncan, H G , 43.
- Eastman, Fred, 215.
 Edson, N W., 289.
 Eliot, T. D , 400
 Elliott, G L , and Bone, H., 289.
 Emerson, Haven, 127
Encyclopedia of the Social Sciences, 461
 Eubank, E. E , 495.
 Everett, M S , 289.
 Exner, M. J., 289
- Fairchild, H P , 43
 Federal Board for Vocational Education, 364.
 Folsom, Joseph K , 33.
 Forman, H J , 215.

- Galloway, T. W , 289
 Gibbons, C E , 308
 Gibbons and Tuttle, 325.
 Gallin, J. L , 479, 495.
 Girl Scouts, 215.
 Glueck, Sheldon, 416
 Glueck, S, and Glueck, E , 416.
 Goddard, H H . 231
 Gosney and Popenoe, 231.
 Gray, A H , 289
 Groves, E R , 43, 289
 Gruenberg, B C , 289.
 Guyer, M F , 231.
- Hall, F S , 289
 Haynes, F E , 416.
 Healey, William, 416, 432
 Healey, William, and Bronner,
 Augusta, 385.
 Himes, Norman E , 43.
 Hiscock, Ira V , 127
 Holmes, S J , 33, 231.
 Hood, M G , 289.
- Jacobs, Philip P., 127.
 Johnson, F , 416
 Jones, A J , 364
Journal of Social Hygiene, 72.
- Kammerer, P. G , 495
 Keene, C. H , 127.
 Keesecker, W. W., 177, 272.
 Kelsey, Carl, 56.
 Kelso, Robert, 479
 Koos, L. V., and Kefauver, G. N.,
 364
 Kuczynski, R R., 33.
- Lambkin, Nina B , 127, 201.
 Landman, J. H , 231.
 Langer, Samuel, 517.
 League of Nations, 127.
 League of Nations, Child Welfare
 Committee, 177.
 Lee, E. T , 201.
 Lee, Joseph, 201.
 Lee, Porter R, and Kenworthy,
 M. E , 244, 445.
- Lenroot, Katherine F , 400.
 Lindsey, B B , and Evans, W , 43,
 385
 Lou, H H., 400
- Mangold, Edith P , 260, 308, 348,
 517
 Mangold, George B , 56, 495
 Massachusetts Department of Pub-
 lic Welfare, 177.
 McCaskill, Joseph C , 215
 McClenahan, B. A , 445
 McCollum, E V , and Simmonds,
 Nina, 127.
 Mills, Alden B , 87.
 Millspaugh, A C , 517.
 Mitchell, Alice M., 215.
Monthly Labor Review, 308, 325, 348.
 Moore, H H , 56, 87, 127, 161.
 Moran, F A , 416
 Mowrer, E R , 495.
 Murphy, J Prentice, 400, 479
 Myers, J A , 87, 127.
- Nash, J B , 201.
 National Child Labor Committee,
 308, 325, 348.
 National Commission on Law Ob-
 servance and Enforcement, 385,
 416
 National Congress of Parents and
 Teachers, 272.
 National Education Association,
 Department of Superintendence,
 272
 National League of Women Voters,
 348.
 National Probation Association,
 416.
 National Recreation Association,
 201.
 National Tuberculosis Association,
 127.
 National Vocational Guidance As-
 sociation, 364
 Neumann, Henry, 289
 Newman, George, 72
 Newsholme, Arthur, 56.

- New York State Charities Aid Association, 479.
- New York State Commission for Survey of Crippled Children, 127.
- Nimkoff, M. F., 244, 272.
- North, C. C., 495, 517.
- Oberholtzer, E. P., 215
- Odencrantz, Louise C., 161, 244, 445
- Odum, H. W., 517.
- Oppenheimer, J. J., 272
- Outlook for the Blind*, 127.
- Patterson, Howard, 495.
- Pearl, Raymond, 43
- Peck, Annetta W., 127
- Popenoe, Paul, 289
- Popenoe and Johnson, 33, 231.
- Proposed Federal Motion Picture Commission, 215
- Queen, S. A., and Mann, D. M., 479.
- Rainwater, C. E., 201
- Ravenel, M. P., 56
- Reckless, W. C., and Smith, Ma-pheus, 272, 385, 400, 432
- Recreation* (monthly magazine of National Recreation Association), 201.
- Reeder, R. R., 432, 517.
- Reeves, Margaret, 432
- Reuter, E. B., 43.
- Reuter, E. B., and Runner, J. R., 43.
- Rice, Thurman B., 289.
- Robinson, Caroline H., 43.
- Robinson, L. N., 432.
- Rogers, James E., 201.
- Rose, Mary S., 140.
- Royden, A. Maude, 289.
- Russell Sage Foundation, 161, 445.
- Sanger, Margaret, 43, 289
- Sayles, Mary B., 272.
- Schmiedeler, E., 43.
- Scudder, Kenyon J., and Beam, K. S., 445
- Shaw, Clifford R., 385.
- Slawson, John, 385.
- Snow, W. F., 289
- Steel, E. W., and White, Ella B., 87.
- Stevenson, George S., 445
- Strain, Frances Bruce, 289
- Sutherland, E. H., 400.
- Sydenstricker, Edgar, 72.
- Taft, Jessie, 479.
- Thom, D. A., 445.
- Thomas, W. I., 445.
- Thomas and Thomas, 231, 272.
- Thompson, W. S., and Whelton, P. K., 33.
- Thrasher, F. M., 385.
- Thurston, H. W., 461.
- Torelle, Ellen, 289
- Tredgold, A. F., 231.
- United States Bureau of the Census, 33, 56, 72, 127, 231, 244, 260, 308, 385, 432, 461.
- United States Children's Bureau, 72, 87, 103, 127, 140, 161, 177, 201, 215, 244, 308, 325, 348, 364, 385, 400, 416, 432, 445, 461, 479, 495, 517.
- United States Department of Agriculture, 140
- United States Office of Education, 127, 177, 201, 244, 260, 272, 348, 432
- United States Public Health Service, 87, 140, 161, 289
- University of Minnesota, Employment Stabilization Research Institute, 364
- Upshall, C. C., 177.
- Upson and Matson, 127, 177.
- Van Waters, Miriam, 289, 385, 416, 432
- Vocational Guidance Magazine*, 364.
- Walker, Helen M., and Schauffier, Mary C., 244
- Wallin, J. E. W., 244

- Warner, Queen, and Harper, 517.
White House Conference on Child
Health and Protection, 72, 87,
103, 127, 140, 161, 177, 201, 215,
231, 244, 260, 272, 289, 308, 348,
364, 385, 400, 416, 432, 445, 462,
479, 495, 517.
- Williams, Frankwood, 445
Williamson, Margaretta, 161, 201,
215, 479
Woods and Kennedy, 215.
Young, Pauline V., 385.
Zunser, Charles, 495

GENERAL INDEX

- Abbott, Grace, Federal Children's Bureau directed by, 518
- Abnormality, mental, 219;
physical, 116 ff.
- Accidents, crippling of children caused by, 119;
dependency of children due to, 452;
industrial, and children, 312
- Adoption of children, 471;
of illegitimate children, 489.
- Adults, wages of, reduced by child labor, 311;
trial of, in juvenile court, 397.
- Affidavits, to secure working papers, 341
- Age, of working children, 306;
restrictions on, in child labor laws, 385;
wages of children and, 314.
- Age of consent laws, 435
- Agencies furnishing recreation, 180
- Agriculture, child labor in, 301, 316;
industrialized, 302
- Alabama, county boards of child welfare in, 508
- Alcohol, feeble-mindedness caused by, 224.
- Alcoholism, deterioration caused by, 126.
- American Association of Day Nurseries, 473.
- American Association of Social Workers, rating of probation officers by, 407.
- American Birth Control League, 41.
- American Heart Association, 116
- American Prison Association, 421.
- American Red Cross, nutrition service promoted by, 154.
- American Social Hygiene Association, objectives of, 279;
- American Social Hygiene Association, bibliography on sex education by, 289
- Anderson, H. W., 266
- Anemic children, 172
- Anthropometric Tables, 109
- Antitoxin, effectiveness of, 80
- Applicants for children, agreements with, 468;
investigation of, 467
- Army tests, for venereal disease, 277;
in Great Britain, 113,
in the United States, 113, 114.
- Asia, birth rates in, 19-21.
- Athletics, at schools, 190;
on school playgrounds, 192.
- Attendance, school, 247; (also *see* School attendance).
- Attendance officers, 256;
duties of, 257,
numbers of, 257;
rural, 256.
- Baber and Ross, size of families studied by, 27.
- Baby farms, 477.
- Backward children, characterization of, 224;
education of, 237;
first special class for, 237;
schools and classes for, 239.
- Backwardness, amount of, 221;
causes of, 229.
- Baldwin, B. T., height and weight tables made by, 109
- Baldwin and Wood, 109.
- Barr, M. W., classification of feeble-minded according to, 220
- Bavaria, care of crippled children in, 169.
- Bellevue-Yorkville Health Demonstration, 80.

- Besant, Annie, birth control favored by, 20
- Big Brother and Big Sister movement, 405;
protective work of, 44
- Bigelow, principles of sex education according to, 280.
- Binet tests, 219
- Birth certificate, 32.
- Birth control, advocates of, 20;
factors responsible for, 39;
favored by Federal Council of Churches, 42,
federal law concerning, 40;
in France, 20,
organizations promoting, 41;
papal encyclical on, 41;
prevalence of, 40
- Birth control clinics, establishment of, in Holland, 20;
in United States, 40
- Birth control movement, 40;
endorsement of, by various organizations, 42.
- Birth rates, among primitive peoples, 19,
among Roman Catholics, 27;
among unskilled, 30;
causes of declining, 34 ff ;
decline of, 20,
in Asia, 19;
in British India, 21;
in the United States, 23;
in various countries, 21.
- Birth registration area, 31
- Births, among college bred, 39;
among foreign born women, 24;
among native women, 24, 27;
in British India, 21;
in Japan, 22,
per family, 23;
registration of, 31
- Blanchard, Phyllis, 275
- Blind, education of the, 16C,
local classes for the, 164;
number of the, 164;
partially, 166;
- Blind, segregation of, 166;
state schools for the, 164
- Blindness, amount of, 115,
causes of, 116
- Blumer and Hauser, effects of motion pictures studied by, 211.
- Board of Child Welfare, in Alabama, 508;
in Dutchess County, New York, 509.
- Board of Children's Guardians, in St Louis, 508.
- Boarding Homes, types of children needing, 472
- Boaz, measurement of children by, 112.
- Boston, Children's Aid Society of, 418,
plan of detention in, 418;
special classes for feebleminded in, 238;
working children in, 297
- Bovine tuberculosis, 122
- Bowditch, on growth of children, 111
- Boy Builders, 208.
- Boy Scouts, camps operated by, 161;
program of, 205.
- Boys' Club Federation, 207.
- Bradlaugh, Charles, 20.
- Braille System, 164
- Breast feeding, effects of, 89;
prevalence of, 89
- British India, births in, 21.
- British Interdepartmental Committee on Physical Deterioration, 113, 126.
- Broken homes, dependency due to, 451;
effect of, on juvenile delinquency, 375.
- Bronchitis, 79.
- Broncho-pneumonia, 78
- Bureau of Social Hygiene, study of married women by, 275.
- California, children employed in motion pictures in, 306;

- California, continuation schools in, 258,
 handling of deserters in, 483;
 provision for twenty-four-hour
 schools in, 437;
 psychopathic parole law in, 237,
 supervision of probation in, 415,
 Whittier School for Boys in, 483.
- Camp Fire Girls, 207
- Camps, summer, 159
- Canning industry, child labor in,
 303, 306,
 exemption of, from child labor
 law, 344
- Cardiac cases, 125
- Cardiopathic children, 176
- Carnivals, street, 214
- Cary, sterility among males studied
 by, 37
- Catholic Church (*see* Roman Cath-
 olic Church)
- Catholic institutions, number of,
 for children, 497
- Catholic placing out bureaus, 498.
- Celibacy, extent of, 38
- Censorship of motion pictures, at-
 tempted federal, 210,
 by National Board of Review,
 209;
 in Chicago, 209;
 in Pennsylvania, 209
- Census, U. S. Bureau of, publica-
 tions by, 15;
 number of dependent children re-
 ported by, 459;
 statistics on size of family by, 25;
 study of deafness by, 118.
- Center, health, 142;
 recreation, 187
- Certified milk, 133.
- Character education, 266;
 Iowa plan of, 267.
- Charlottenburg, open-air school in,
 173.
- Chicago, care of crippled children
 in, 169;
 censorship of motion pictures in,
 209;
- Chicago, civic centers in, 189,
 first juvenile court established in,
 387;
 repetition of delinquency in, 411;
 schools for problem children in,
 437;
 use of anti-toxin in, 80,
 woman referee in juvenile court
 of, 394
- Chicago juvenile court, appearance
 of children in, 411.
- Child, backward, 224,
 crippled, 119,
 dependent, 449,
 delinquent, 367,
 exceptional, 219,
 feeble-minded, 220;
 gifted, 242,
 handicapped, 115;
 health promotion of, 140;
 mentally superior, 228;
 migratory, 304,
 neglected, 449;
 physiology of the, 6;
 retarded, 224,
 subnormal, 219;
 tuberculous, 116.
- Child-caring agencies, private, 502;
 public, 504
- Child guidance clinics, 438,
 administrative control of, 440
- Child labor, age distribution of, 306;
 amount of, 301,
 attitude of employers toward,
 299;
 caused by attitude of child, 297;
 delinquency caused by, 381;
 economic aspects of, 310;
 education retarded by, 315,
 greed of employers a factor in,
 299;
 indifference of parents toward,
 295;
 industrial accidents due to, 312;
 legislation prohibiting, 330,
 migratory, 304;
 moral aspects of, 317;
 physical effects of, 320;

- Child labor, poverty a cause of, 296;
 public indifference to, 300;
 regulated by N. R. A., 314;
 social aspects of, 309;
 study of, in Boston, 297;
 in Colorado, 307;
 in Nebraska, 317;
 wages of, 314.
- Child Labor Amendment, 332;
 opposition to, 332
- Child labor legislation, age limits
 provided by, 335;
 agencies supporting, 329;
 educational requirements in, 338,
 federal, 331,
 hours of work in, 336;
 industries exempted by, 344;
 method of enforcing, 347;
 need of, 306-326;
 night work prohibited by, 337;
 opposition to, by employers, 299;
 opposition to, by newspapers, 300;
 state, 335;
 unconstitutionality of federal,
 331;
 uniformity of, 330;
 work in dangerous occupations
 prohibited by, 342
- Child life, waste of, 47
- Child mortality, decline of, 52;
 relation of, to physical degeneracy, 85
- Child placing, agencies engaged in,
 497;
 systems of, 498.
- Child problems, importance of, 1;
 nature of, 13 ff
- Child saving, examples of cooperation in, 502;
 methods of, 498;
 principles of, 463.
- Child Study Association of America,
 269.
- Child welfare agencies, Big Brother
 and Big Sister Federation, 405;
 Boy Scouts of America, 205;
 Boys' Club Federation, 207;
 Camp Fire Girls, 207;
- Child welfare agencies, Child Welfare
 League of America, 479,
 Children's Bureau, federal, 16;
 4-H Clubs, 207;
 Girl Scouts, 206;
 National Child Labor Committee,
 15,
 National Recreation Association,
 201;
 Y. M. C. A. Boys' Department,
 202;
 Y. W. C. A. Girl Reserves,
 203.
- Child Welfare Boards, in Alabama,
 508;
 in New York, 509;
 in North Carolina, 510
- Child welfare centers, 142.
- Child welfare movement, 9-15.
- Childhood, prolongation of, 8;
 social obligations to, 13
- Children, adoption of, 471;
 anemic, 172;
 defects among, 115;
 dependent children, 457 ff;
 gifted, 230;
 growth of, 111;
 illegitimate, 459;
 mentally superior, 228;
 neglected children, 457 ff;
 physical measurements of, 109;
 subnormal, 220
- Children born out of wedlock (see
 Illegitimacy)
- Children in industry, accidents to,
 312;
 age of, 306;
 earnings of, 314;
 education of, 316;
 physical standards for, 340;
 unhealthful occupations of, 332
- Children's Aid Society, establishment
 of, in New York, 497;
 establishment of, in Pennsylvania,
 499;
 functions of, 499;
 Lutheran, 498;
 organization of Catholic, 498.

- Children's Bureau, Cleveland, 502;
federal (*see* Federal Children's Bureau),
state, 477.
- Children's Charter, 13, 144, 464.
- Children's Code, adopted in Minnesota, 11;
adopted in Ohio, 11.
- Children's courts (*see* Juvenile courts)
- Children's diseases, 73;
causes of, 75, 76,
deaths due to, 73 ff ;
prevalence of, 86.
- Children's home societies, 469;
formation of, 491,
Lutheran, 498;
methods of, 500,
(*also see* Children's Aid Society)
- Chile, attitude of, on birth control, 42;
infant death rate in, 54
- Churches, sex education by, 286.
- Cincinnati, court of domestic relations in, 390
- Cities, infant mortality in, 58
- City life, juvenile delinquency and, 378
- Civic centers, 189;
description of Chicago, 189;
schools as, 191.
- Cleveland, children's bureau in, 502.
- Cleveland College, parent education in, 269.
- Clinics, baby, 142;
child guidance, 438;
dental, 150;
mental hygiene, 233;
nutrition, 154;
speech, 171;
traveling, 233.
- Clubs, boys', 203;
4-H, 207;
need of, 204;
operation of, by Boys' Club Federation, 207.
- College men, sex life of, 274.
- Colorado, children employed in beet fields of, 307
contributory delinquency in, 434.
- Commercial recreation, 180;
censorship of, 211;
juvenile delinquency due to, 211;
motion pictures as, 208;
theater as, 214;
types of dance halls, 213
- Commercial schools, business training in, 361
- Committee on the costs of medical care, inadequacy of medical care shown by, 453
- Commonwealth Fund, 263
- Communicable disease, examinations for, 143
- Compulsory education, 252;
enforcement of, 256,
exceptions to, 254,
provisions of laws requiring, 253.
- Congenital debility, 74;
causes of, 75.
- Congregate institutions, 501.
- Consanguinity, deafness due to, 118
- Consolidated school districts, 259.
- Constitution, proposed child labor amendment to, 332.
- Continuation schools, 258, 355
- Contributory delinquency laws, purpose of, 433,
trials under, 434
- Cooperation, example of, in child saving, 502
- Coordinating councils, development of, 440;
program of, 441.
- Corporal punishment, 372.
- Cottage system, effects of, 476;
essential features of, 424, 475;
use of, 424
- Cotton mills, child labor in, 303.
- Counseling, vocational, 354.
- Counselor, vocational, 264
- County Board of Child Welfare, in Alabama, 508;
in New York, 509.

- County home system, in Indiana, 506;
in Ohio, 506.
- Court unit plan, 259.
- Court hearings, before woman referee, 395,
private, 393.
- Court of domestic relations, 390.
- Cousins, first, marriage among prohibited, 4
- Cows, tuberculin test for, 136.
- Cows' milk, constituency of, 68,
dangers resulting from use of, 76,
deficiency of vitamin D in, 129
- Crippled children, 119;
education of, 169;
mental level of, 170;
schools for, 170;
vocational guidance of, 171.
- Cruelty, cases of, referred to juvenile court, 494;
prevention of, 495,
societies for the prevention of, 492
- Cruelty cases, typical, 491
- Cruelty to children, examples of, 491,
organization for prevention of, 492
- Crum, physical measurements made by, 109
- Curriculum, diagram of school, 246.
- Dairies, inspection of, 134;
interstate shipments by, 137.
- Dairy milk, certified, 133;
classification of, 133,
pasteurization of, 132.
- Dalton plan, 428.
- Dance halls, dangers of, 213;
regulation of, 214
- Dangerous occupations, control of, 342.
- Davis, Katharine Bement, study of women by, 40
- Day nurseries, development of, 473;
need of, 472
- Deaf, Central Institute for the, 168;
number of the, 167;
physical conditions of the, 168;
schools for the, 167
- Deaf-mutism, inheritance of, 118.
- Deafness, amount of, 115;
causes of, 117,
consanguinity and, 118
- Death rates, decline of infant, 52;
from children's diseases, 74;
in eighteenth century, 47.
- Deaths, caused by smallpox, 48;
unnecessary infant, 51
- Defective children, mentally, 219;
physically, 115
- Defective teeth, 124
- Defectives, speech, number of, 171.
- Defects, minor, 141,
of teeth, 124
- Deformities, congenital, 119;
physical, 118, 119
- Degeneracy, and child mortality, 85
- Delinquency (*see* Juvenile delinquency).
- Delinquency areas, 378
- Delinquent (*see* Juvenile delinquent).
- Delinquent girl, offenses committed by, 384;
sex behavior of, 385.
- DeMolay, order of, 208.
- Denominational agencies, institutions for children, supported by, 500;
placing out by, 498.
- Dental clinics, 150.
- Denver, juvenile court established in, 387.
- Department of public welfare, state, 477
- Dependency of children, 449 ff.;
classification of, 449,
definition of, 449;
intemperance, a cause of, 455
- Dependent children, backgrounds of, 450;
care of, in California, 479,

- Dependent children, in Massachusetts, 507;
in New York, 457;
in the United States, 459;
number of, 457,
parental conditions of, 450;
types of, 449
- Desertion, dependency caused by, 481;
laws on, 482;
methods of handling, 483;
wife and child, 482
- Desertion Bureau, national, 484.
- Dessicated milk, 138
- Detention home, standards for, 417.
- Deterioration, causes of physical, 111-114,
physical, in England, 113;
study of, by British government, 126
- Diarrhoeal diseases (*see* Gastro-intestinal diseases)
- Dickens, child labor opposed by, 309.
- Digestive system, diseases of the, 68,
milk and the, 76
- Diphtheria, carriers of, 82;
immunization for, 80,
prevention of, 81,
seriousness of, 80
- Disciplinary classes or schools, 436;
first, 436;
in Chicago, 437;
types of, 437.
- Discipline, of children, by parents, 372;
in juvenile training schools, 426.
- Diseases, children's (*see* Children's diseases);
epidemic and communicable, 79.
- Diseases of early infancy, causes of, 75;
persistence of, 74
- Domestic service, child labor in, 301;
delinquency among girls in, 319.
- Duration of life, in Geneva, 47;
in Netherlands, 49,
in Russia, 47
- Dutchess County, New York, board of child welfare in, 509
- East, feeble-mindedness estimated by, 221
- Education, cast of in United States, 248,
character, 266,
compulsory, 252;
course of study used in, 246,
health, 158,
illiteracy and, 249;
parent, 268,
sex, 280;
social aspects of, 245 ff ;
United States Office of, study of health service by, 152.
- Educational requirements, in child labor laws, 338.
- Educational system, faults of, 246
- Employers, child labor caused by greed of, 299,
opposition of, to child labor legislation, 300, 330
- Employment certificates, methods of granting, 341,
need of, 341
- Employment supervision, of children, 355.
- Enforcement, of child labor laws, 347
- England, Children's Act in, 399,
feeble-mindedness in, 222;
feeding of school children in, 155;
infant mortality in, 49;
open-air school in, 173;
physical deterioration in, 113;
special classes for feeble-minded in, 237.
- Enlarged tonsils, 115.
- Environment, factors of, 6;
meaning of, 7-9,
nutrition and, 7,
physical effects of bad, 112;
prenatal conditions and, 7.

- Epileptics, 221.
 Eugenic marriage laws, 4, 98-99.
 Eugenics, definition of, 2;
 negative, 3,
 originators of, 5;
 positive, 5,
 program of, 3-5.
 Europe, birth rates in, 20;
 illegitimacy in, 460.
 Evening recreation centers, 191;
 folk dancing in, 192;
 in New York City, 192;
 in Rochester, 191.
 Exceptional children, 219;
 education of, 232;
 number of, 221;
 types of, 220.
 Exner, study of college men by,
 274.
 Expectation of life, in Geneva, 47;
 in Netherlands, 49.
 Exploitation of children, by parents,
 295.
 Eye, diseases of the, 117.
 Eyesight of children, defective, 115,
 examination of, by teachers, 147;
 injuries to, 117.
 Factories, conditions in, 322.
 Factory inspectors, incompetence
 of, 347;
 insufficient number of, 347.
 Failure to provide (*see* Desertion).
 Fall River, infant mortality in, 53.
 Family, size of, 24-29.
 Family limitation, 39 ff.
 Fay, study of deafness by, 118.
 Fecundity, of foreign born women,
 24;
 of native women, 26.
 Federal child labor legislation, con-
 stitutional amendment permit-
 ting, 334;
 laws providing for, 331;
 National Industrial Recovery
 Act, a form of, 333.
 Federal Children's Bureau, begin-
 ning of, 10;
 Federal Children's Bureau, child la-
 bor standards prepared by, 334;
 child welfare studied by, 519;
 children in canneries studied by,
 306,
 earnings of newspaper sellers
 studied by, 314;
 feeding of children studied by, 89;
 infant mortality studied by, 67;
 juvenile delinquency estimated
 by, 383,
 maternal mortality studied by,
 62;
 pamphlets on child care by, 92,
 94;
 parental conditions of dependent
 children studied by, 451;
 physical measurements made by,
 109;
 physical standards of children
 studied by, 114,
 prenatal work promoted by, 92,
 publications of, 15;
 statistics by, on broken homes,
 376,
 statistics by, on juvenile delin-
 quency, 384,
 study of working children by, 297.
 Federal Council of Churches, atti-
 tude of, on birth control, 42.
 Federal government, not empow-
 ered to control child labor, 331;
 participation of, in child-caring
 program, 478.
 Federal maternity and infancy act,
 activities promoted by, 95,
 enactment of, 94;
 results of, 95.
 Feeble-minded, classification of the,
 219;
 institutional care of the, 225;
 sterilization of the, 228;
 training of the, 234.
 Feeble-mindedness, amount of, 220;
 causes of, 223;
 elimination of, 227.
 Fernald, on heredity of feeble-
 mindedness, 224.

- Fiske, John, 8.
 Florence Crittenton Homes, care of
 unmarried mothers by, 489
 Folk dancing, 192
 Foreign born, illiteracy among, 250
 Foreign born women, fecundity of,
 24.
 Foster homes, for delinquency cases,
 413,
 investigation of, 467;
 replacement of children in, 470;
 supervision of, 469
 Foundlings, 449
 4-H Clubs, 207
 France, birth rate falls, in, 20;
 juvenile court established in, 400
 Fresh air camps, 160.

 Galloway, on sex education, 280.
 Galton, eugenic philosophy founded
 by, 5.
 Gary, social center in, 191.
 Gastro-intestinal diseases, causes
 of, 76,
 decline of, 77,
 distribution of, by months, 78
 George-Ellzey Act, 359.
 Germ diseases, 50
 Germany, juvenile court in, 398;
 open air schools established in,
 173;
 school for crippled children organ-
 ized in, 169.
 Gifted children, 230;
 schools for, 243
 Girl Reserves, 203.
 Girl Scouts, 206.
 Girls, effects of child labor on, 322;
 immorality of delinquent, 384
 Girls' protective societies, 444.
 Glass mills, 322
 Glaucoma, 117
 Gluecks, study of juvenile delin-
 quency by, 411
 Goddard, H. H., study of Kallikak
 family by, 223
 Goler, George W., and improve-
 ment of milk, 131.

 Gonorrhœa, rate of in United States,
 277
 Grades, distribution of children in,
 251
 Great Britain, growth of children
 in, 111,
 rejection of recruits in, 113.
 Guidance, child, 438;
 vocational, 352

 Hagerstown, diseases among chil-
 dren in, 86
 Hamilton, Alexander, child labor
 favored by, 295.
 Harvard, vocational guidance
 taught in, 355
 Health, child, 140
 Health centers, 142.
 Health education, 158
 Health instruction in schools, 155
 Health insurance, need of, 103
 Health service, administration of,
 151
 Hearings, in juvenile court, 394
 Heck, study of schools for disci-
 plinary children, by, 436;
 study of schools for exceptional
 children, by, 243
 Heredity, deafness due to, 118;
 defective, 2,
 feeble-mindedness and, 223;
 influence of, 1;
 meaning of, 2;
 relation of, to eugenics, 2;
 social, 8
 High schools, sex education in, 284
 Hirsch, Rabbi, 511
 Holland, birth control clinic estab-
 lished in, 20
 Home, foster, 466;
 importance of, 464;
 removal of child from, 465
 Home Economics, United States
 Bureau of, 16
 Homes, boarding, 472;
 broken, effect of, on juvenile de-
 linquency, 375;
 receiving, 473.

- Home work, ages of children engaged in, 308,
industrial, 307
- Hoover, President, White House Conference on Child Health and Protection, called by, 12;
(also see White House Conference on Child Health and Protection)
- Hours of labor, regulation of, 336.
- House of the Good Shepherd, 419
- Houses of refuge, 420
- Human milk, advantages of, 89;
constituency of, 68;
deficiency of vitamin D in, 90
- Humane societies, number of, 493.
- Humane Society, Minnesota, 492
- Hutchinson, on growth of children, 112
- Hygiene, dental, 150.
- Idiocy, 224.
- Idiot, 219,
care of, 234
- Ignorance, infant mortality caused by, 68;
sex irregularities due to, 276
- Illegitimacy, among Negroes, 460,
conditions underlying, 460, 461,
in Europe, 485,
Norwegian law relating to, 486;
prevention of, 490,
status of, abolished, 486, 487;
treatment of, in Massachusetts, 487;
in Minnesota, 487.
- Illegitimate children, care of, 484;
number of, 460;
paternal responsibility for, 486,
social service treatment of, 488.
- Illinois, department of public welfare in, 477;
supervision of probation in, 415
- Illiteracy, amount of, 250;
of foreign born, 250;
reduction of, 250
- Imbecile, meaning of, 220;
training of, 234
- Immigrant, child labor fostered by, 302;
fecundity of, 24,
illiteracy of, 250
- Immigration Commission, U S,
size of families studied by, 23;
sterilization studied by, 35
- Immunity from disease, method of obtaining, 81
- Immunization, 143
- Indiana, county homes in, 506
- Indianapolis, volunteer probation officers in, 405
- Individualism, menace of American, 519
- Industrial accidents, frequency of, among children, 312
- Industrial education, development of, 351,
limitations of, 351;
modification in program of, 352,
schools providing, 357
- Industrial home work, 304.
- Industrial training, federal aid for, 358;
need of, 351,
private schools providing, 357
- Industries, employment of children in, 322,
exemptions of, from child labor laws, 344
- Infant mortality, among laboring classes, 65;
among Negroes, 59;
at specified ages, 60;
causes of, 70, 71;
historical stages in, 46;
in England, 49;
in Fall River, 53;
in foreign countries, 54;
in Massachusetts, 49;
in Prussia, 46,
in the eighteenth century, 47;
in Washington, 39;
indifference to, 45;
prevention of, 51;
rates of, 52,
recent reduction of, 52;

- Infant mortality, relation of, to age
 of mother, 61;
 to maternal mortality, 62;
 to poverty, 66;
 rural, 58;
 study of, by Children's Bureau,
 67;
 urban, 58
 Infantile paralysis (*see* Poliomyelitis).
 Inoculation, for smallpox, 48.
 Inspection, dairy, 131 ff ;
 medical, of schools, 151
 Institutions for delinquents, cottage system in, 424;
 detention homes as, 417;
 discipline in, 426,
 educational program in, 428;
 number of children in, 431;
 physical care in, 425;
 religious instruction in, 430;
 separation of sexes in, 423,
 standards of, 419,
 types of, 420;
 vocational guidance in, 429
 Institutions for dependent children,
 congregate, 501,
 cottage plan in, 474;
 county or municipal, 506;
 improvements in methods in, 476,
 in Michigan, 504,
 in Minnesota, 505,
 need of, 474
 Intelligence test, use of, 219
 Intemperance, neglect of children
 due to, 455
 Iowa, home for crippled children
 in, 171,
 plan of character education, 267.
 Iowa child welfare station, 269
 Itard, 235

 Japan, births in, 22.
 Jenner, introduction of vaccination
 by, 48
 Jewish system of child welfare, 498
 Jews, defectiveness among, 4;
 stature of, 112.

 Judges, qualifications of juvenile
 court, 391;
 selection of juvenile court, 391.
 Junior employment office, 356
 Junior republics, 422
 Jury trial in juvenile court, inconsistency of, 394
 Juvenile courts, beginnings of, 387;
 establishment of, in Chicago, 387;
 in England, 399;
 in Germany, 398;
 in South Australia, 398;
 jury trial in, 394,
 procedure in, 393;
 referee in, 395;
 standards of, 390;
 trial of adults in, 397,
 use of evidence in, 396.
 Juvenile delinquency, and child
 labor, 381,
 causes of, 377 ff ,
 conditions underlying, 368;
 definition of, 367;
 effect of broken homes on, 375;
 extent of, 382,
 home conditions responsible for,
 375,
 parental incompetence responsible for, 372;
 prevention of, 433;
 relation of motion pictures to, 211.
 Juvenile delinquents, disposition of,
 395,
 number of, in institutions, 431;
 offenses committed by, 383,
 placement of, in private homes,
 414,
 training schools for, 419
 Juvenile offenses, classification of,
 384,
 nature of, 385

 Kallikak family, 223
 Kentucky, defects of children in,
 114

 Labor, child (*see* Child labor).
 Laboring classes, infant mortality
 among, 65.

- Lathrop, Julia, federal Children's Bureau directed by, 10, 518
 Laundries, heat in, 322
 Legion of Decency, formation of, by Catholic Church, 212
 Legislation, agencies supporting
 child labor, 329;
 child labor, 333;
 federal child labor, 331;
 standards of child labor, 333;
 state child labor, 335;
 street trades, 345
 Lindsey, Ben, 396.
 Lip-reading, 168
 Literacy, 250
 London, care of crippled children in 169;
 infant mortality in, 46
 Los Angeles, enrollment of crippled children in, 170;
 length of probation in, 409;
 referee in juvenile court of, 395.
 Lunches, for school children, 155,
 in New York City schools, 156,
 need of school, 157,
 provided by parent-teacher association, 158
 Lutherans, Lutheran home-finding society organized by, 498.
 Lyman School for Boys, 420

 Mack, Judge, 392.
 Malformations, congenital, 74.
 Malnutrition, causes of, 124;
 in Kentucky, 114;
 in New York City, 114;
 increase of, 123;
 physical defects caused by, 456.
 Mantou test, 121.
 Manufacturers, child labor legislation opposed by, 300, 332
 Manufactures, importance of child labor in, 332
 Marriage, changing age of, 37;
 medical examination before, 98;
 number of births per, 23-28
 Married women, employment among, 65.
 Massachusetts, care of delinquent children in, 387;
 department of public welfare in, 507,
 establishment of training schools in, 420;
 home care of delinquent children in, 414;
 infant mortality in, 49;
 mental hygiene clinic in, 233;
 mothers' aid in, 515;
 school attendance law in, 253;
 street trade legislation in, 345,
 treatment of illegitimacy in, 487.
 Maternal mortality, in United States, 62, 63,
 relation of, to infant mortality, 62;
 statistics relating to, 62,
 trend of, 62
 Maternal nursing, movement for, in France, 88,
 prevalence of, 89.
 Measles, age incidence of, 82;
 prevalence of, 83.
 Medical inspection of schools, 145;
 methods of, 148;
 objectives of, 146;
 origin of, 152
 Medical inspector, duties of, 148;
 examinations made by, 148
 Mendelian law, 5, 227.
 Meningitis, seriousness of, 82.
 Mennonites, defectiveness among, 4.
 Mental hygiene clinic, Massachusetts, 233;
 traveling, 233
 Mental rating, 219.
 Messenger service, pernicious effects of, on children, 319
 Mexican children, delinquency among, 431;
 migratory, 317
 Michigan, placing-out system in, 505;
 school for dependent children in, 504
 Michigan Crippled Children Commission, 119

- Midwifery, control of, 97;
 in Europe, 96,
 status of, 96.
- Migratory child, 304.
- Milbank Memorial Fund, on tuberculosis, 122
- Milk, bacteriological properties of, 130;
 certified, 133;
 chemical constituency of, 68;
 cows', 68, 129,
 human, 68;
 modified, 139;
 nutritive value of, 129;
 pasteurization of, 132;
 raw, 130
- Milk depots, in New York City, 131
- Milk ordinance, standard of, 132
- Milk problem, importance of, 129;
 municipal control of, 135;
 state control of, 136
- Milk products, varieties of, 138.
- Milk substitutes, 90
- Milk supply, control of, 131;
 municipal regulation of, 135;
 state control of, 136.
- Minimum wage legislation, for adults, unconstitutional, 346,
 needed for children, 347
- Minnesota, children's code commission in, 11, 300;
 schools for dependent children in, 505;
 state home for crippled children in, 170.
- Missouri, educational requirements of children working in, 339,
 subsidy for blind in, 164
- Modern health crusade, 159.
- Mongolian idiocy, 224.
- Mormonism, effects of, on birth rates, 23.
- Moron, 220.
- Mortality (*see* Infant mortality).
- Motherhood, cost of, 45
- Mothers' aid, administration of law concerning, 511,
 advocated by Rabbi Hirsch, 510;
- Mothers' aid, federal grants for, 478;
 first law relating to, 10,
 Illinois law providing for, 510;
 in Massachusetts, 479;
 in Missouri, 510;
 state supervision of, 515
- Mothers' pensions (*see* Pensions for mothers)
- Motion pictures, 208;
 censorship of, 209;
 children employed in making, 306.
- Napoleonic code, on illegitimacy, 485
- National Association of Visiting Teachers, 485
- National Board of Review, 209.
- National Child Labor Committee, child labor standards prepared by, 335;
 child labor studied by, 16;
 legislative program favored by, 334;
 study of migratory children by, 316,
 study of retardation among children by, 317.
- National Conference of Charities and Corrections (Social Work), 9;
 principles of child care stated by, 463.
- National Congress of Parents and Teachers, interest of, in school children, 157.
- National Consumers' League, 329.
- National Industrial Recovery Act, child labor reduced by, 300, 333
- National Playground Association, 194.
- Native women, fecundity of, 24, 27.
- Nebraska, mothers' pension law in, 513
- Neglect, due to parental inadequacy, 456;
 meaning of, 450;
 typical cases of, 491

- Neglected children, care of, 491;
 number of, 457;
 reference of, to juvenile court, 494
- Negro children, school attendance of, 248
- Negroes, delinquency among, 431;
 disease among, 70;
 illegitimacy among, 460;
 infant mortality among, 59;
 midwifery among, 98;
 still births among, 31;
 venereal disease among, 70.
- Netherlands, duration of life in, 49,
 infant mortality in, 55
- New England States, boarding homes for children in, 472
- New Jersey, state supervision of playgrounds in, 195
- Newsboys, delinquency among, 319;
 dishonesty among, 318;
 earnings of, 314.
- Newspaper selling, child labor in, 303
- Newspapers, opposition to child labor legislation by, 300
- New York, continuation schools in, 258,
 county boards of welfare in, 509;
 division of probation in, 415;
 parent education in, 269;
 public welfare act in, 510;
 street trades legislation in, 346
- New York Children's Aid Society, 497
- New York City, Bellevue-Yorkville health demonstration in, 80,
 birth control clinic established in, 40;
 control of diphtheria in, 81;
 malnutrition in, 114;
 school centers in, 192
- New York City Crime Prevention Bureau, 383.
- New York Obstetrical Society, maternal mortality studied by, 63
- New York Society for the Prevention of Cruelty to Children, 493.
- New Zealand, reduction of infant mortality in, 54.
- Night work, prohibition of, 337.
- Non-support laws (*see* Desertion)
- North Carolina, county welfare boards in, 510
- Norway, laws relating to children born out of wedlock in, 486
- Notestein, study of sterility by, 36.
- Nurse, prenatal care given by, 93,
 school, 147
- Nurseries, American Association of Day, 473
- Nursery, day, 472;
 purpose of, 473
- Nutrition, effect of, on foetus, 7;
 importance of, 154
- Nutrition clinic, 154
- Nutrition service, beginnings of, in England, 155;
 development of, in the United States, 156;
 need of, 154,
 Parent-Teacher Associations and, 157,
 provision for, by Red Cross, 154,
 school lunches, a form of, 157.
- Oakland, playground system in, 199.
- Occupations, clerical, 351;
 dangerous, 342;
 of working children, 301;
 unhealthful, 343
- Office of Education, study of vocational guidance by, 355
- Ohio, children's code commission in, 11,
 county homes in, 506,
 domestic relations courts in, 390
- Ontario, care of delinquent children in, 387
- Open-air schools, 173;
 establishment of first, 173;
 in London, 173;
 in the United States, 174,
 number of cities providing, 174;
 program of, 174;

- Open-air schools, success of, 173,
types of children admitted to, 174
- Ophthalmia, blindness caused by,
116,
cases of, investigated, 97.
- Order of DeMolay, 208
- Oregon, school attendance in, 247.
- Orphan, dependency of, 450.
- Orphanage, establishment of, 497.
- Overcrowding, prevention of, 101;
relation of, to infant mortality,
65, 71
- Overtime, in seasonal trades, 344;
prevention of, 345.
- Overwork, of children, 32.
- Parent education, 268;
in Cleveland College, 269;
in New York, 269,
training in, 98.
- Parent-Teacher Association (*see* Na-
tional Congress of Parents and
Teachers).
- Parental conditions, of delinquent
children, 377,
of dependent children, 451.
- Parental greed, child labor due to,
296
- Parent-child relationships, 371.
- Parenthood, training for, 100
- Parents, indifference of, to sex edu-
cation, 276;
responsibility of, for juvenile de-
linquency, 371;
sex education by, 287;
training of, 100
- Paris, study of juvenile delinquency
in, 400.
- Parks, 192
- Partially blind, 166.
- Part-time schools, needs of, 258;
provision for, 258
- Pasteur, work of, 50.
- Pasteurization of milk, 132.
- Pennsylvania, censorship of motion
pictures in, 209;
child labor in, 322;
control of midwifery by, 97;
- Pennsylvania, mothers' aid in, 515;
volunteer probation officers in,
404.
- Pennsylvania Children's Aid Soci-
ety, establishment of, 499
- Pensions for mothers (*see* Mothers'
aid)
- Philadelphia, reactors to tubercu-
losis in, 122;
school lunches in, 156
- Physical defects, among school chil-
dren, 115,
caused by malnutrition, 456
- Physical deformities, 118
- Physical degeneracy, 107
- Physical deterioration in England,
126
- Physical examination, of expectant
mothers, 92;
of infants, 95
- Physical handicaps, causes of, 126
- Physical standards, deterioration of,
113,
determination of, 109;
unreliability of, 109
- Physique, factors affecting, 101;
of British school children, 111,
standards of, 107
- Placement of foster child, 466
- Placing out, denominations engaged
in, 498,
Massachusetts plan for, 507,
principles involved in, 465-470;
St. Louis plan for, 508,
societies for, 468,
steps in, 466-470;
systems for, 506
- Platoon system, 191
- Play, facilities for, 185,
philanthropic agencies furnishing,
202;
standards for, 200;
theories of, 179;
values of, 183,
(*also see* Recreation).
- Playground movement, origin of,
194;
progress of, 200.

- Playgrounds, administration of, 197,
equipment of, 188 ff ,
number of, 195,
roof, 186,
school, 192;
streets used as, 186;
supervision of, 196;
types of, 188;
vacant lots as, 186
- Poles, fecundity of, 24
- Police, as probation officials, 444.
- Policewomen, 444
- Poliomyelitis, epidemics of, 84.
- Pool rooms, 214
- Pope, the, opposition of, to birth
control, 41.
- Popenoe, feeble-mindedness esti-
mated by, 221
- Porter, study of St. Louis children
by, 111.
- Postnatal care (*see* Prenatal work)
- Poverty, child labor caused by, 296;
elimination of, 327,
exemption from school attend-
ance because of, 255;
infant mortality increased by, 67.
- Premarital examinations, 98
- Premature employment, effects of,
321.
- Prematurity, 64, 74
- Prenatal conditions, 7
- Prenatal work, amount of, 91;
methods of, 92;
organization for, 93;
success of, 92
- Pre-school child, defects of, 143;
health center for, 142;
immunization, 144
- Preventable mortality, of children,
51.
- Probation, beginnings of, 402;
failure of, 412;
in rural communities, 412;
length of, 409;
meaning of, 402;
organization of, 403;
results of, 410.
- Probation districts, 403.
- Probation officers, duties of, 403;
education of, 406;
functions of, 407;
qualifications of, 404;
salaries of, 411,
volunteer, 405, 409.
- Protestant churches, orphanages
established by, 497
- Providence, open-air schools in,
174;
special classes for feeble-minded
in, 237.
- Prussia, infant mortality in, 46.
- Psychiatric clinics, 438.
- Public care of dependent children,
504 ff ;
county home system, 506;
methods of, in Alabama, 508;
in Massachusetts, 507;
in New York, 509;
placing out, 506;
state school, 504.
- Public health, program of, for re-
duction of infant mortality, 85.
- Public Health Service, U S , stand-
ard milk ordinance of, 132,
studies of children by, 16, 86;
study of sex education by, 284;
venereal disease reported by, 277.
- Public opinion, importance of, 520.
- Public responsibility, for child labor,
300.
- Public schools, folk dancing in, 192;
recreation in, 198;
sex education by, 283
- Public welfare, boards of, in New
York, 510;
county boards of, 510;
departments of, state, 477;
Massachusetts department of,
507
- Punishment, varieties of, in training
schools, 427.
- Quetelet, 110.
- Receiving homes, 473;
temporary care of children in,
474.

- Records, juvenile court, 397.
- Recreation, agencies furnishing, 180,
centers of, 187;
commercial, 180;
facilities for, 185;
forms of, 179,
philanthropic agencies furnishing, 202,
standards for, 200;
types of, 188;
values of, 183
- Recreation centers, in Chicago, 189;
in Gary, Indiana, 191;
in New York, 192;
in Rochester, 191;
public, 188;
supervision of, 197,
types of, 189-192
- Red Cross (*see* American Red Cross)
- Referee, in Los Angeles Juvenile Court, 395
- Reformatory institutions (*see* Training schools)
- Registration area, births in, 23;
completion of, in United States, 22;
infant deaths in, 53;
stillbirth rate in, 31.
- Repeaters, in courts, 411.
- Replacement, of foster children, 470.
- Republics, Junior, 422;
types of children received by, 422
- Respiratory diseases, causes of, 79;
varieties of, 78.
- Retardation of school children, 251;
study of, by National Child Labor Committee, 317.
- Rockets, 119
- Rights of childhood (*see* Children's Charter).
- Ripley, on stature of Jews, 112.
- Rochester, control of milk supply in, 131;
social centers in, 191.
- Roman Catholic church, Legion of Decency formed by, 212;
orphanages established by, 497
- Roman Catholics, birth rates among, 27,
opposition to birth control among, 27
- Rome, N Y, school for feeble-minded at, 236
- Roof playgrounds, 186
- Roosevelt, President F D, efforts of, to reduce child labor, 330
- Roosevelt, President Theodore, first conference on children called by, 10, 463
- Ross, E A, size of families studied by, 27.
- Rowntree, 112
- Roxbury, sight-saving classes in, 166
- Rural districts, births in, 24;
educational progress in, 259;
sterility in, 36
- Rural school lunches, 156.
- Russell Sage Foundation, 16.
- St. Louis, child-placing system established in, 506
- Salacious literature, 442
- Salvation Army, care of unmarried mothers by, 489;
day outings provided by, 160
- San Francisco, mothers' aid law in, 390.
- Sanger, Margaret, birth control advocated by, 40
- Scarlet fever, after effects of, 82;
carriers of, 83.
- Schuck test, 80
- School as social service agency, 245 ff
- School attendance, administration of laws pertaining to, 256;
compulsory, 252,
of Negroes, 248;
of whites, 248,
statistics on, 247.

- School children, feeding of, in England, 155;
 health education of, 158;
 illness among, 86;
 nutritive service for, 154,
 physical examination of, 146
- School districts, consolidated, 259
- School lunches, in cities, 156,
 in rural districts, 156
- School nurse, duties of, 147;
 success of, 148
- School playgrounds, 192
- School term, length of, 254.
- Schools, commercial, 361,
 continuation, 258, 355;
 disciplinary work of public, 436;
 for the blind, 163;
 for the deaf, 167;
 for the feeble-minded, 237;
 open-air, 173,
 state, 504;
 training, for delinquents, 419;
 twenty-four hour, 437
- Scotland, physical classification of children in, 110.
- Scoutcraft, 205
- Seguin, 235
- Semi-sighted, 166.
- Settlements, functions of, 204;
 number of, 204;
 social, 204
- Sex education, agencies promoting, 282 ff,
 by churches, 286;
 in schools, 283;
 lack of, 275;
 objectives of, 279;
 principles of, 280;
 references on, 289;
 results of, 288.
- Sex hygiene (*see* Social hygiene)
- Sex irregularities, factors influencing, 276
- Shambaugh, on heredity of deafness, 118
- Shaw, Clifford, delinquency area characterized by, 378.
- Sight-saving classes, 166.
- Silk mills, 303
- Smallpox, former prevalence of, 47;
 vaccination for, 48
- Smith-Hughes Act, 358
- Snow, on sex education, 280
- Social centers, in Gary, Indiana, 191;
 in Rochester, 191
- Social diseases (*see* Venereal diseases)
- Social heredity, 8
- Social hygiene, meaning of, 279;
 principles of, 280;
 references on, 289
- Social Hygiene associations, 282
- Social legislation, need of, 521
- Social Security Act, 96, 479, 516, 520
- Social service training, need of, by probation officers, 406
- Social settlements, number of, 204
- Social statesmanship, basis of, 520
- Social Work Year Book, child guidance clinics mentioned in, 440.
- Socialized medicine, need of, 144
- Society for the Prevention of Cruelty to Children, Massachusetts, 493;
 New York, 493;
 organization of, 492;
 purpose of, 493.
- South, birth rates in, 23;
 illiteracy in, 249
- South Australia, children's courts established in, 398
- Spain, C L, diagram of school curriculum, 246
- Special schools, establishment of, for backward children, 237;
 for blind, 164,
 for crippled, 169;
 for deaf, 167;
 for disciplinary cases, 436;
 for feeble-minded, 235;
 for tubercular, 173
- Speech defectives, 171.
- Speech defects, 120
- Standards for child labor laws, 333

- Starbuck, religious emotions studied by, 370
- State, supervision of child welfare work by, 476;
supervision of mothers' aid by, 515
- State aid, 477
- State care of dependent children, 504
- State school system, establishment of, in Michigan, 504;
success of, 505
- State training schools (*see* Training schools).
- Sterility, among males, 37;
among native-born women, 27,
causes of, 37;
voluntary, 37
- Sterilization, constitutionality of law on, upheld, 228
- Stevenson, on child guidance clinics, 439
- Still births, 31
- Stores, age limits of children employed in, 336;
exemption of, from child labor laws, 345
- Street carnivals, 214
- Street trades, child labor in, 303,
legislation covering, 345
- Streets, use of, as playgrounds, 186
- Subnormality, amount of, 220;
mental, 219
- Superintendents of public welfare in North Carolina, 510
- Superior children, 228
- Supervision, state, of child welfare work, 476
- Supervision of child, in foster homes, 470
- Supervision of playgrounds, 196
- Supreme Court, U. S., child labor law declared unconstitutional by, 331,
sterilization law upheld by, 228
- Sweated trades, child labor in, 304
- Sweden, former prevalence of small-pox in, 48.
- Sydenstricker and Perrott, birth rates studied by, 30.
- Syphilis, among expectant mothers, 70;
infant mortality due to, 70;
rate in the United States, 278.
- Teacher, public school, 152;
special, 241,
visiting, 261
- Technology, and unemployment, 311
- Teeth, defects of, 124
- Temporary home for dependent children, 473
- Tests, army, in England, 113;
in United States, 113
- Textile mills, child labor in, 303
- Tobacco fields, use of child labor in, 302, 321
- Trachoma, 117, 148
- Trade and transportation, child labor in, 303
- Trade schools, in Germany, 351;
in New York, 357;
in St. Louis, 357
- Trades, dangerous, 323;
regulation of dangerous, 342;
street, 323
- Training schools for delinquents, 419,
discipline in, 426,
establishment of, in United States, 420;
number of individuals in, 431;
physical care in, 425,
religious instruction in, 430;
vocational guidance in, 429.
- Truancy, delinquency caused by, 381
- Truant officers (*see* Attendance officers).
- Tubercular children, 172
- Tuberculin tests, 116
- Tuberculosis, bovine, 122;
causes of, among children, 121;
child dependency caused by, 452;

- Tuberculosis, childhood type of, 174;
tests for, 121
- Twenty-four-hour schools, 437.
- Underaged children, 251
- Underfed children, number of, in
New York City, 153;
types of, 123;
White House Conference plans
for, 153
- Unemployment, child labor a factor
in, 311
- Unemployment insurance, need of,
520
- Uniformity of child labor laws, need
of, 330.
- United States, army recruits exam-
ined in, 113;
births in, 22;
cost of education in, 248;
defects among children in, 115;
infant mortality in, 52, 53.
- United States Office of Education,
medical inspection of schools
studied by, 152
- United States Public Health Ser-
vice (*see* Public health service)
- Untrained children, reasons for, 350;
vocational needs of, 356.
- Vacant lots as playgrounds, 186
- Vaccination, discovery of, 48;
value of, 47.
- Van Waters, Miriam, juvenile de-
linquency studied by, 372.
- Venereal disease, among Negroes,
70,
premarital examinations for, 98;
sterility caused by, 38.
- Virginia, home care of delinquent
children in, 414
- Vision, defective, 115;
tests for, 144.
- Visiting teachers, 261;
care of problem children by, 442.
- Vitamins, in cows' milk, 130;
varieties of, in human milk, 90.
- Vocational counselor, 354.
- Vocational education, development
of, 357;
number of persons enrolled for,
362;
organization of, 359
- Vocational guidance, defined, 352;
program of, 352,
progress of movement in, 354.
- Vollmer, coordinating councils de-
veloped by, 440
- Volunteer, use of in probation work,
400.
- Von Pirquet, 121.
- Wages, legislation for control of,
346,
of children, in industry, 314;
of newsboys, 315;
relation of, to age of child, 314.
- Walker-Gordon laboratories, 139.
- Wallin, study of feeble-mindedness
by, 224
- Ward, Lester F, estimate of tal-
ented persons by, 229.
- Washington, infant mortality in, 53;
treatment of wife desertion in,
483
- Washington Conference on Child
Welfare, 12
- Wassermann test, 425.
- Waste of child life, 46
- Westchester County, New York,
bureau of child welfare in, 509.
- Westergaarde, on smallpox in Swe-
den, 48.
- White House Conference of 1909, 10;
principles of child care stated by,
463.
- White House Conference on Child
Health and Protection, broken
homes studied by, 377;
Children's Charter prepared by,
13, 464;
delinquency defined by, 363;
health centers enumerated by,
142;
juvenile delinquency estimated
by, 382;

- White House Conference on Child Health and Protection, number of dependent children reported by, 458,
number of settlements reported by, 204;
on causes of child labor, 297;
on milk production and control, 134;
principles of state supervision enumerated by, 415;
principles of vocational guidance stated by, 352;
report of, on defects of children, 115;
 on dental clinics, 150;
 on midwives, 96;
 on open-air schools, 174;
 on prenatal clinics, 91;
 on subnormal children, 221;
standards for children entering industry, prepared by, 333;
treatment of neglected children according to, 494
- Whittier School for Boys, 426.
- Whooping cough, 79
- Who's Who in America*, size of family presented in, 28
- Widow's pensions (*see* Mothers' aid).
- Wife desertion, Jewish program for handling, 484,
provisions of uniform law relating to, 482;
- Wife desertion, punishment for, 483
- Wilson, President, approval of Children's Year Program by, 12.
- Wisconsin, day schools for deaf in, 167;
 marriage law in, 4;
 premarital examinations in, 98
- Women, employment of married, 65;
 fecundity, of foreign-born, 24;
 of native-born, 24;
 proportion of children to married, 29;
 sterility among, 36;
 unmarried, 38
- Working children (*see* Children in industry).
- Working papers (*see* Employment certificates)
- World War, examination of men for, 113, 277;
 juvenile delinquency during, 382.
- Young Men's Christian Association, camps opened by, 161;
 recreational program of, 203;
 sex education by, 286.
- Young Women's Christian Association, Girl Reserves organized by, 203;
 recreational program of, 203;
 sex instruction by, 286
- Youth, training of, for parenthood 100.